

PSYCHOSOCIAL CARE IN DISASTER MANAGEMENT

MY WORK BOOK



National Institute of Mental Health and Neuro Sciences, Bangalore - 560 029.



CARE INDIA - 27, Hauz Khas Village, New Delhi - 110 016.

PSYCHOSOCIAL CARE IN DISASTER MANAGEMENT

MY WORK BOOK

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FOREWORD

India has been vulnerable to both natural and human made disasters on account of its geo-ecological position and the multi ethnic and cultural milieu of the nation. The loss of life, livelihood, infrastructure and injuries impact the lives of the survivors to a great extent. World over studies carried out report that in the aftermath of any disaster, be it natural or human made, a majority of the community experience distressing emotional reactions. These emotions are directly related to the severity of the trauma experienced. Normalizing the emotional trauma poses an enormous challenge. Reconstruction and rebuilding, not only of infrastructure and livelihoods, but also of the human spirit and community support becomes paramount importance.

India being a theatre of disasters lacks sufficient human resource to tackle psychosocial care during disasters. Provision of psychosocial care for disaster survivors using available local resources like Community Level Workers (Health care workers, Anganwadi workers, Teachers, PRI members, NGO workers, and other volunteers) has been identified as a proven alternative. Experiences and experiments from Orissa Super Cyclone in 1999, the Killer Earthquake of Gujarat in 2001 and the Gujarat Riots in 2002 stand a testimony towards utilization of Community Level Workers in providing the much needed psychosocial support in the relief, rehabilitation and rebuilding of the community. One activity that was field tested and standardized through the NIMHANS, CARE GHP strategic partnership was the capacity building of the Community Level Workers in provision of psychosocial care. In a series of such training programmes, the current version of the “My Work Book” was finalized.

The workbook is a tool for training programmes to empower community level workers in psychosocial care for disaster survivors. A large number of Government Departments and Humanitarian Agencies associated with disaster management would find this useful. I am looking forward towards mainstreaming psychosocial care capacity building of local resources in disaster situations as a major programme to reach the different parts of the country. CARE India in association with other Humanitarian Agencies and Government Departments in partnership with NIMHANS, Bangalore is working towards this.

Development of this training workbook is one of the most important tools for disseminating the knowledge in simple way to the trainees in varied ways. CARE India would like this to be used extensively in the future capacity building activities in psychosocial care in disaster management. I sincerely appreciate the contributions of the authors and the CARE Gujarat Harmony Project(GHP) partners who made this outcome possible to provide vital psychosocial care and support to those affected by distress.

DANIEL SINNATHAMBI

ASSITANT COUNTRY DIRECTOR (SED)

CARE India, 27, Haus Khas Village,

New Delhi 110 016

ACKNOWLEDGEMENT

We would like to take this opportunity to thank all the people who helped and encouraged to enrich the psychosocial care work for the disaster survivors. Development of this training workbook is one of the most important tools for disseminating the knowledge in simple way to the trainees in varied ways. While it may not be possible to acknowledge them all here, we would like to start by extending our gratitude to the staff, workers and volunteers without whom none of this would have been possible. They have been with us constantly through the entire process, right from the start during training to adding valuable insights from the field. They continue to be our learning.

We are thankful to the Snehakarmis of Sneha Samudhay of Erasamma in Orissa super cyclone area who were the first community level workers trained by NIMHANS in 1999. Subsequently, the Snehakarmis, Ekalnari Sanghinis, Vikalang Bandhus and Adhikar Karmis of Kuchch earthquake area in 2001 with whom the psychosocial care training was replicated. The training of the master trainers of the Department of Education of Government of Gujarat in association with UNICEF, and Gujarat Mental Health Association in dealing with the stress of the school children followed this.

All the above were crystallized in the formation of training manuals and methodology during the Gujarat riots in 2002. A large number of community level workers were trained as Amanpathiks in Ahmedabad. It was during this period that the training kit was simplified to reach the grass root level workers. Subsequently it was CARE India, which came forward with the Gujarat Harmony Project, wherein the "My Work Book" took a definite shape. About three hundred community level workers from the ten partner organisations provided us the valuable inputs in simplifying and standardizing the workbook in the current format. The trainees provided valuable learning to make this compilation a possibility.

The Trainers of Trainees who took the trouble of joining the master training programmes at NIMHANS, Bangalore from far of States of Andhra Pradesh, Delhi, Gujarat, Maharashtra, Orissa, and Tamilnadu not only applied the workbook during their training programme but also carried out similar training for their organizational staff using the work book in different formats at different point of time. We gratefully acknowledge the people and the organisations associated in this effort.

We are very happy to extend our thanks to NM Prusty of CARE, Director Emergency and Rehabilitation for maintaining the psychosocial work in the forefront of the Gujarat Harmony project. We thank all the CARE India headquarters members for their continuous support, encouragement and facilitation for actualizing the psychosocial care capacity building activities at the grass root level.

Our special thanks to CARE Gujarat Harmony Project implementing partners, Dr Ilaben Pathak of AWAG, Meera and Rafi Malik of Centre for Development, Afzal Memon of Gujarat Sarvajanic Welfare Trust, H P

Mishra of Kamdhar Swasthya Suraksha Mandal, Nimisha of Olakh, Rajendara Joshi of SAATH, Bhabani Das and Gazala Paul of SAMERTH, Dr. Hanif Lakdawala of Sanchetana, Fr Victor Moses sj of St Xavier's Social Service Society, Pragnesh Gor of Tribhuvandas, who made available the staff and volunteers to be shaped up as community level workers in the process of reconciliation.

A warm remembrance on the sensitivities of all the PAG (Programme Advisory Group) members, Prof T K Oommen, Prof D N Pathak, Dr Jubeda Desai, and Binoy Acharaya. Their continuous encouragements contributed to work with all the NGOs in Ahmedabad, Vadodara and Anand on the same platform of psychosocial care provision. Thanks to C Balaji Singh the former team leader of **CARE GHP** who sat with the psychosocial care team late in the nights to see the first draft workbook format being compiled and Jo Sharma, the current team leader of Gujarat Harmony Project for the encouragement in the psychosocial care team activities. We would like to acknowledge the support services from our colleagues at CARE India Gujarat Harmony Project – Suvendu Prathihari, Suchitra Achary, Anu John, Indrajit Roy, Afroz Munshi, Karan Agnihotri and Narulaji.

There have been others who have given their time through discussions, translations and review of our material by Prof. Ganpath K Vankar of Department of Psychiatry, Civil Hospital, Ahmedabad and Dr Darshan Trivedi whom we would like to thank.

Special thanks to Dr. D. Nagaraja, Director and Vice Chancellor of NIMHANS, Bangalore for the support provided in pursuing the NIMHANS, CARE India GHP partnership over the years on the psychosocial care provisions. Thanks to Dr. R. Parthasarathy, Professor and Head, Department of Psychiatric Social Work for the continued support in the disaster psychosocial care service, training and research activities. Thanks to Dr. Mohan K Isaac, Dr. C. R. Chandrashekar, Dr. K.V. Kishorekumar, Dr. Srikala Bharat, of the Department of Psychiatry, NIMHANS for the active support in the training programmes. Special thanks to Dr. H. S. Narayanan and Dr. Shobhana Thakrar for their support in sharing the first psychosocial care work in disaster in India in the TOT training programmes.

Our special thanks to Dr. R. Srinivasa Murthy, STP, Mental Health and Rehabilitation of Psychiatric Services, WHO EMRO, Egypt, who had been the guiding force in all our endeavors of psychosocial care work in disaster situations.

We also place on record the support and services provided by our research office team Tinku Thomas, Asma and Manjula. The diligent and meticulous work of Ganesha Offset, deserves special mention for materializing the whole effort in its final printed form.

November 2004

The Authors

PSYCHOSOCIAL CARE TRAINING PROGRAMME

Disaster is a severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the individual (WHO, 1992). The disaster events are bound to evoke emotional response, which has a deep impact in the life of individual, family and community. Emotional reactions reported by the people are normal response to an abnormal experience. In all the disasters it is the local people and community level workers from NGOs and CBOs who are most suitable to provide care, rather than specialists. Support by mental health professionals is needed for preparation of educational materials, for training community level helpers and trainers of trainees, and give specialized care to those needing more intensive care. The experiences following Orissa Super Cyclone, Gujarat Killer Earthquake, Kuchh floods and the Gujarat Riots demonstrated the value of community level workers to provide psychosocial care.

The current training programme is based on the field experience of training the community level workers as a part of Action Aid India, Oxfam India, CARE India, SEWA, SSP, Focus Humanitarian Assistance India, American Red Cross India operations, and a large number of workers from various local NGOs and CBOs. NIMHANS, Bangalore has standardized the training module with the necessary kit to empower people at different levels based on the above training programme. The basic principle of disaster management followed in psychosocial care is reconciliation, wherein individuals become aware of the loss, accept and accelerate recovery mechanisms using the available internal and external resources. The basic tenets of the psychosocial care programme are to recognize the psychosocial need as an essential aspect of overall relief, rehabilitation, and reconstruction efforts. The effort is to move the agenda from deviancy to normalcy model and it is important to provide psychosocial care as a spectrum of care including, housing, livelihood, paralegal, compensation, rights and justice, health care, and self help. This is made possible through community level workers engaged in relief, rehabilitation and reconstruction to receive skills for essentials of psychosocial care (ventilation, empathy, active listening, social support, externalisation of interests, recreation and relaxation and spirituality) as part of the overall rebuilding process of the disaster affected community.

The basic objectives of the psychosocial care training programme is to:

- Provide basic knowledge about psychosocial work in disaster situations.
- Develop basic skills for providing psychosocial care to individuals and groups.
- Facilitate working with special groups like women and children in disaster situations
- Self care initiatives for a disaster worker
- Documentation of psychosocial care to enhance effectiveness and self learning

There are eight different training modules that are proposed to fulfil the above partially and fully. The recommended programme for organizational capacity building strategy would be the longest duration (one week), which follows a Trainer of Trainees (TOT) paradigm. Wherein the trained trainers would be able to take up the training to the grass root level workers depending upon the resource availability, local logistics, time availability, and the organisation's special interest of working with specific groups. Support and handholding would be provided by NIMHANS, Bangalore, during the pilot training programme to be initiated by the TOTs. The overall session details and the different modules are presented in the following pages.

Mark	Session details	Methodology	Minutes
1	Background to the workshop	Talk	30
2	Personal experience sharing	Participants share experiences	120
3	Understanding the concept of loss & importance of psychosocial care	Activity and discussion work	90
4	Understanding experiences of stress	Discussion and group work	60
5	Life events and family life cycle	Presentation	60
6	Crisis intervention	Presentation	60
7	Normalcy & abnormalcy of reactions	Presentation	45
8	Mud and potter	Game	30
9	Phases of needs among survivors	Presentation	15
10	Provision of holistic care	Presentation	45
11	Problem Solving	Game	60
12	Techniques of providing care	Activity & demonstration	150
13	Practicing the techniques of care	Activity	90
14	Role of a psychosocial caregiver	Presentation	45/90
15	Internalising care provision techniques	Activity	120
16	Working with children – an overview	Presentation	45/15
17	Impact of disaster on children	Discussion and group work	45
18	Reactions in children	Activity	45
19	Going back in time	Activity - Self analysis	60
20	Identifying qualities of a good caregiver	Exercise	45/30
21	Role of adult caregivers	Presentation	45/105
22	Experiential work with mediums	Activity	60
23	Play in the life of a child	Presentation	45/30
24	Materials for working with children	Demonstration and talk	60
25	The life we lead –our time	Activity – self analysis	45

26	Working with women – overview	Presentation	45
27	Reflection on gender differences	Discussion	45
28	Special vulnerabilities of women	Discussion and group work	45
29	Society and women	Presentation	30
30	Body mapping	Activity	60
31	Circles of support we can offer	Activity - self analysis	45
32	What keeps me going	Activity - self analysis	45
33	Role of a psychosocial caregiver - women	Presentation	45/120
34	Self care strategies – an overview	Presentation	45
35	Experiencing stress	Activity	60
36	Stressors in your life	Activity - self analysis	60
37	Your reactions to stress	Activity and presentation	45
38	Discover your sustenance sources	Activity – self analysis	45
39	Discovering time for myself	Activity – self analysis	45
40	Holistic living	Activity – self analysis	120
41	Relaxation techniques	Activities	60
42	Documentation	Presentation - discussion	120
43	Assessment	Presentation	60
44	Using various formats	Activity	60
45	Handholding and field supervision	Presentation	45
46	What happens at your work place	Discussion	45
47	Ethics and confidentiality	Talk	45
48	My action plan	Group work presentation	60

SESSIONS, MODULES AND TRAINING INTENT

#	Sessions included	Time requirement	Training intent	Limitations
1	1- 48	7 day holistic module with no loose ends 49 work hours	Easily spread out All objectives covered Time for interaction Time for personal sharing Time for internalisation Ample reading, review time Covers the entire program	Very long drawn out
2	1-15 34-48	4 day holistic basic module 32 work hours	Basics of psychosocial need and care in a disaster Skill development Supplementary issues to enhance field work Self care issues for caregivers	Does not cover how to work with the special groups
3	1-15 34-41	3 day medium basic module 24 work hours	Basics of psychosocial need and care in a disaster Skill development Self care issues for caregivers	No time for supplementary issues like documentation etc
4	1-15 42-48	3 day medium basic module 23 work hours	Basics of psychosocial need and care in a disaster Skill development Supplementary issues to enhance field work	No time given to self care issues
5	1-15	2 day short basic module 16 work hours	Basics of psychosocial need and care in a disaster Skill development	No supplementary issues like documentation. No self care issues
6	1-3, 7-9, 10, 14, 16-24, 14-21 extended 16 and 20 are reduced	2 day special module looking at work with children 16 work hours	Basics of psychosocial need and care in a disaster Skill development Work with children Coverage within two days	No time for enhanced skill development No self care issues No supplementary issues

OVERVIEW OF THE WORKSHOP

AIM:

To establish psychosocial care in disaster relief, rehabilitation and reconstruction.

Objectives

- Provide basic knowledge about psychosocial work in disaster situations.
- Develop basic skills for providing psychosocial care to individuals and groups.
- Facilitate working with special groups like women and children in disaster situations
- Self care initiatives for a disaster worker
- Documentation of psychosocial care to enhance effectiveness and self learning

METHODOLOGY:

- Understanding psychosocial issues in disasters
- Phases of disaster – changing scenario of psychosocial needs
- Interactive sessions
- Power point presentations
- Participatory learning
- Process orientation to issues
- Needs assessment
- Skills transfer for community level workers
- Handholding issues
- Evaluative exercises
- Self care exercises
- Recording and reporting
- Confidentiality and ethicality issues
- Field orientation
- Self introspection
- Review of disaster manuals / policy documents
- Home assignment

Background material for the training programme:

- Manuals for individuals, community level workers, women, and children
- Trainers Handbook: Operational Manual for Trainers of Trainees
- My Work Book
- Children's kit for psychosocial care
- Psychosocial care in disasters Indian experiences – bibliography
- Policy documents – HPC report, India Disasters report, WHO, IFRC, SPHERE

DISASTER OPINION QUESTIONNAIRE

Name:

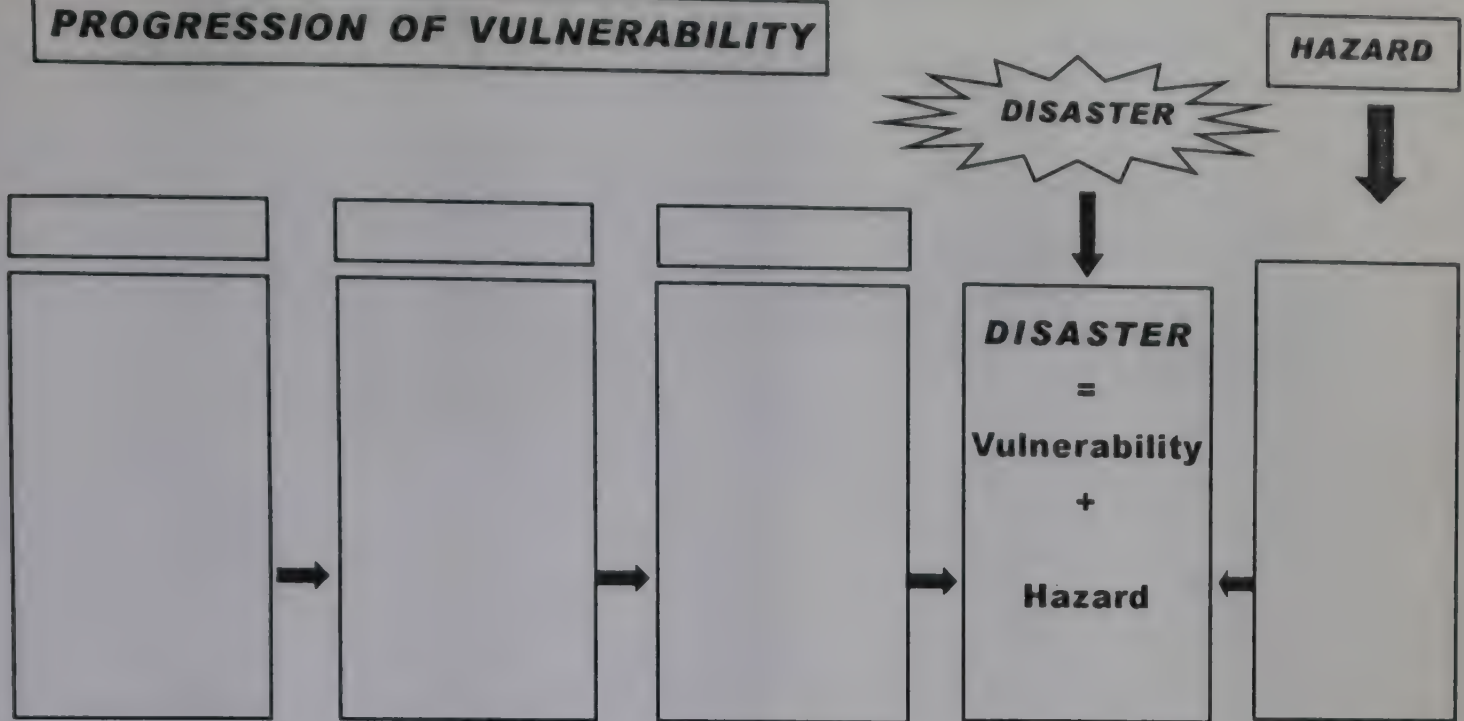
Organisation:

No	Statement	Yes	No
1	Everyone is affected by a disaster.		
2	Emotional reactions are normal during disasters.		
3	Women experience greater degree of emotional reactions in disasters.		
4	Daily life struggles after a disaster create more emotional reactions among people.		
5	Even when people are distressed they respond if attention and care are shown.		
6	Psychosocial care and social support help people recover.		
7	Disaster situations affect a person's physical and mental health.		
8	A strong person is not affected by such disasters.		
9	It is better to forget such events and not to cry.		
10	Some people remember such events and feel bad. This should be prevented as it makes them suffer even more.		
11	Ventilation, active listening, and giving guidance is not helpful.		
12	The earlier he/she starts a normal life routine the better it is for the survivor.		
13	People should not believe in rumours.		
14	When stressed by such events alcohol, smoking etc., help to reduce the tension.		
15	Eating, sleeping and relaxing is important at such times.		
16	Crying is a sign of weakness.		
17	Psychosocial care needs to be given independent of all other interventions.		
18	Talks about suicide should always be taken seriously.		
19	Subsequent to disasters, schools need to be opened as earlier as possible for the children.		
20	It is better to send the orphan and single parent children to some other place for their studies subsequent to disaster.		

Organisation:

UNDERSTANDING DISASTERS

PROGRESSION OF VULNERABILITY



Natural Disasters

Major	Minor
Earthquake	Heat wave
Flood	Cold wave
Drought	Landslide
Cyclone	Avalanche
Tsunami	Tornadoes
	Hailstorm

Human Made Disasters

Major	Minor
Communal riots	Transport disasters
Ethnic conflicts	Festival and pilgrimage disasters
Refugee situations	Food poisoning
	Alcohol or liquor tragedies

IMPACT OF DISASTER

<i>PHYSICAL</i>	<i>PSYCHOLOGICAL</i>
<i>SOCIAL</i>	<i>ECONOMICAL</i>

NEEDS SPREADSHEET

FOOD



CLOTHING

SHELTER

SURVIVOR'S EXPERIENCE

CAR



DRIVER



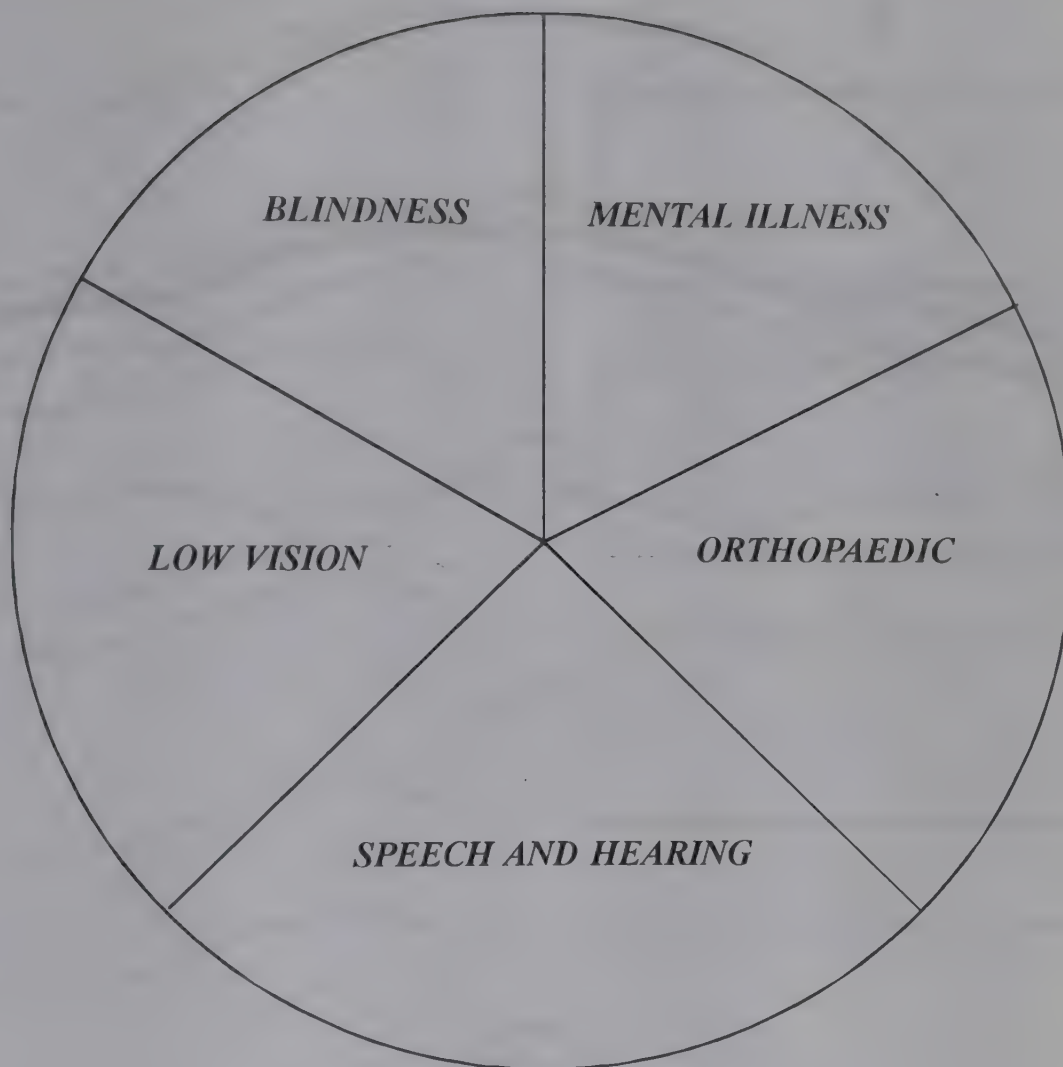
CIRCLE OF SUPPORT



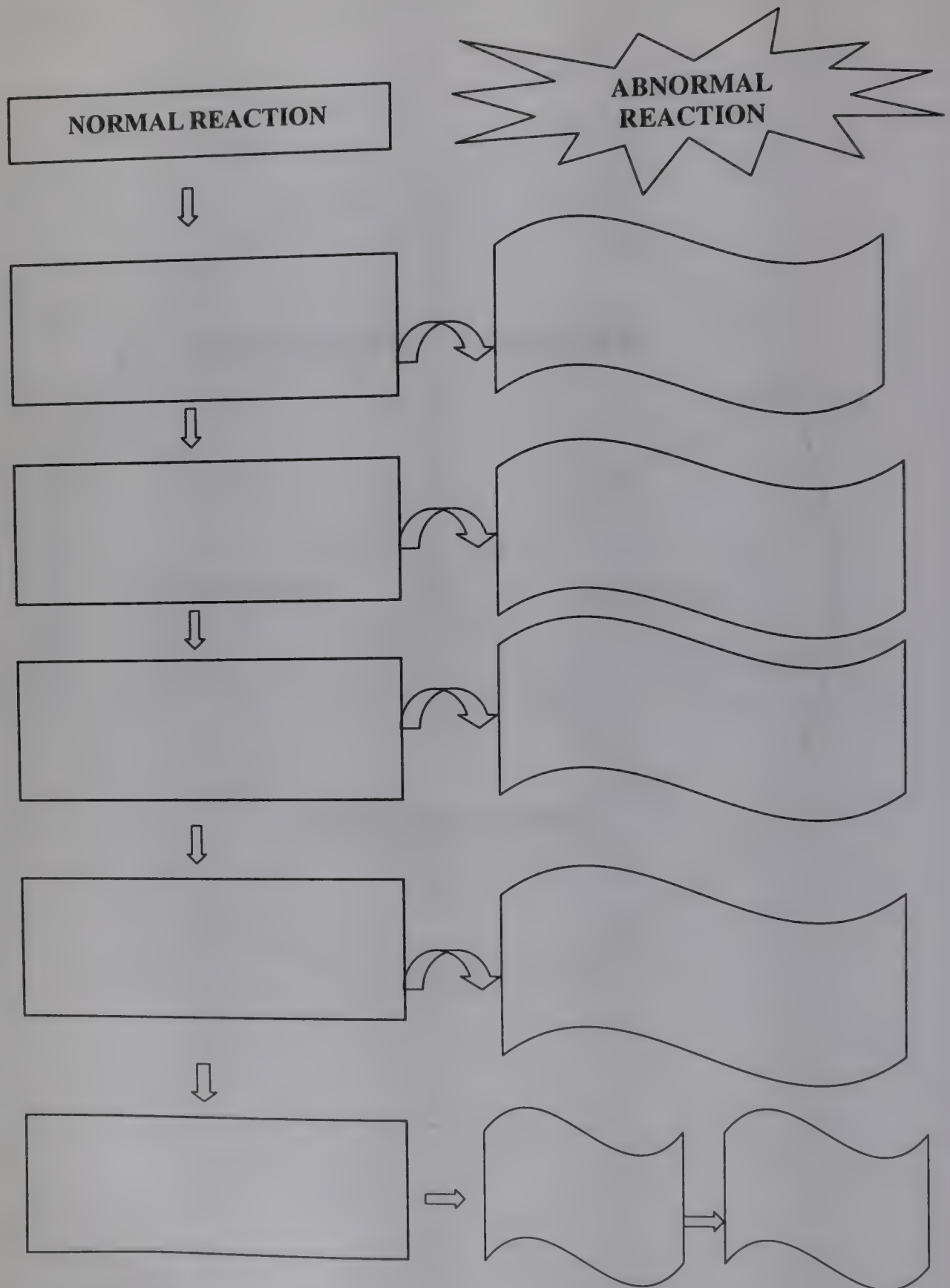
UNDERSTANDING EXPERIENCES OF STRESS

<i>PHYSICAL</i>	<i>EMOTIONAL</i>
<i>BEHAVIOURAL</i>	<i>RELATIONAL</i>

CAREGIVER: VISIBILITY, INVISIBILITY



STAGES OF REACTIONS



SPECTRUM OF CARE



BASIC TECHNIQUES OF PSYCHOSOCIAL CARE

✓ *VENTILATION*



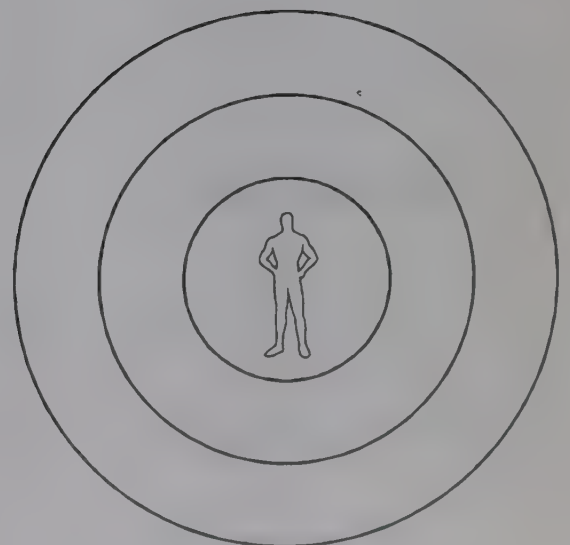
✓ *EMPATHY*



✓ *ACTIVE LISTENING*



✓ *SOCIAL SUPPORT*



✓ *EXTERNALISATION OF INTEREST*



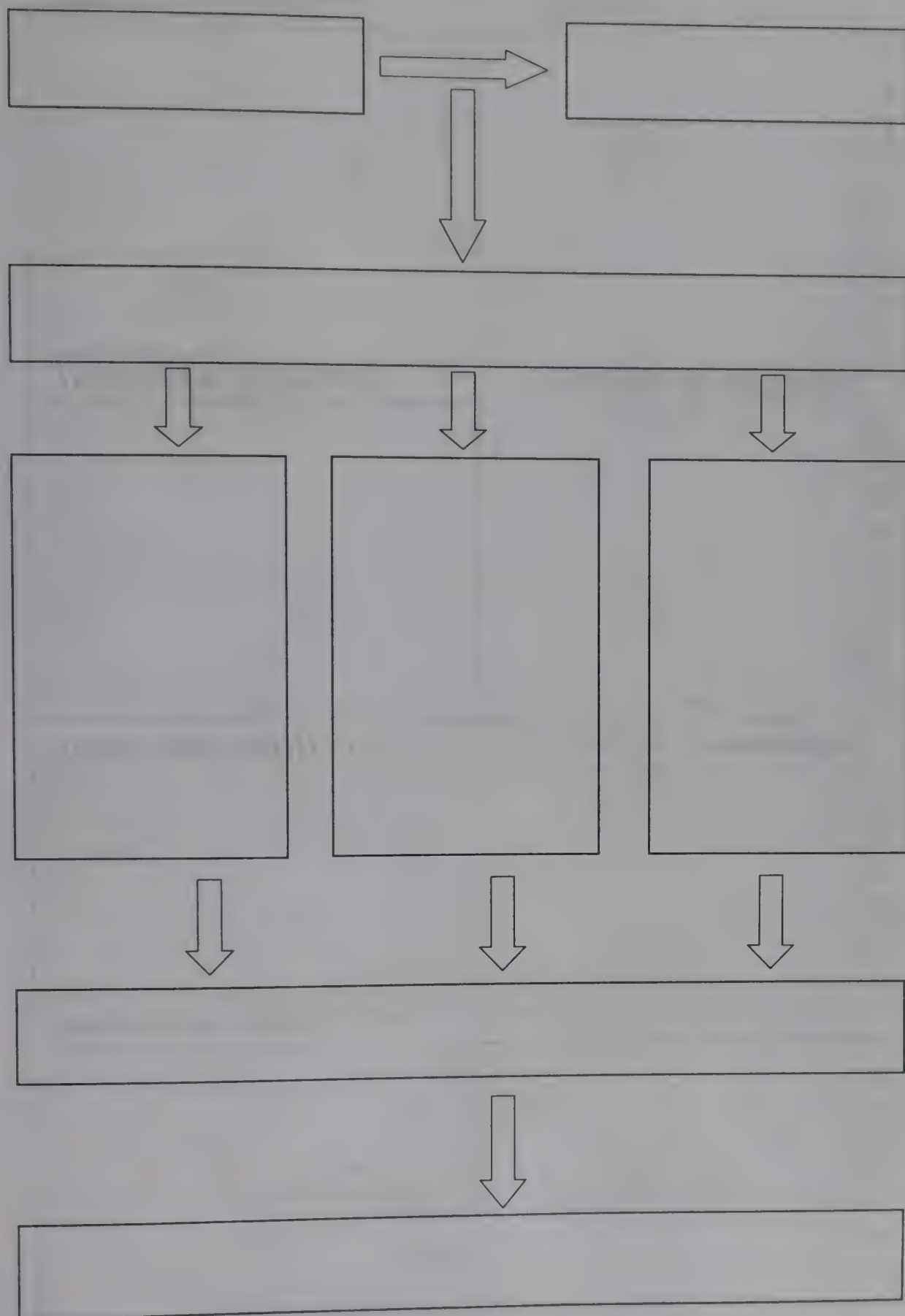
✓ *VALUE OF RELAXATION / RECREATION*



✓ *SPIRITUALITY*



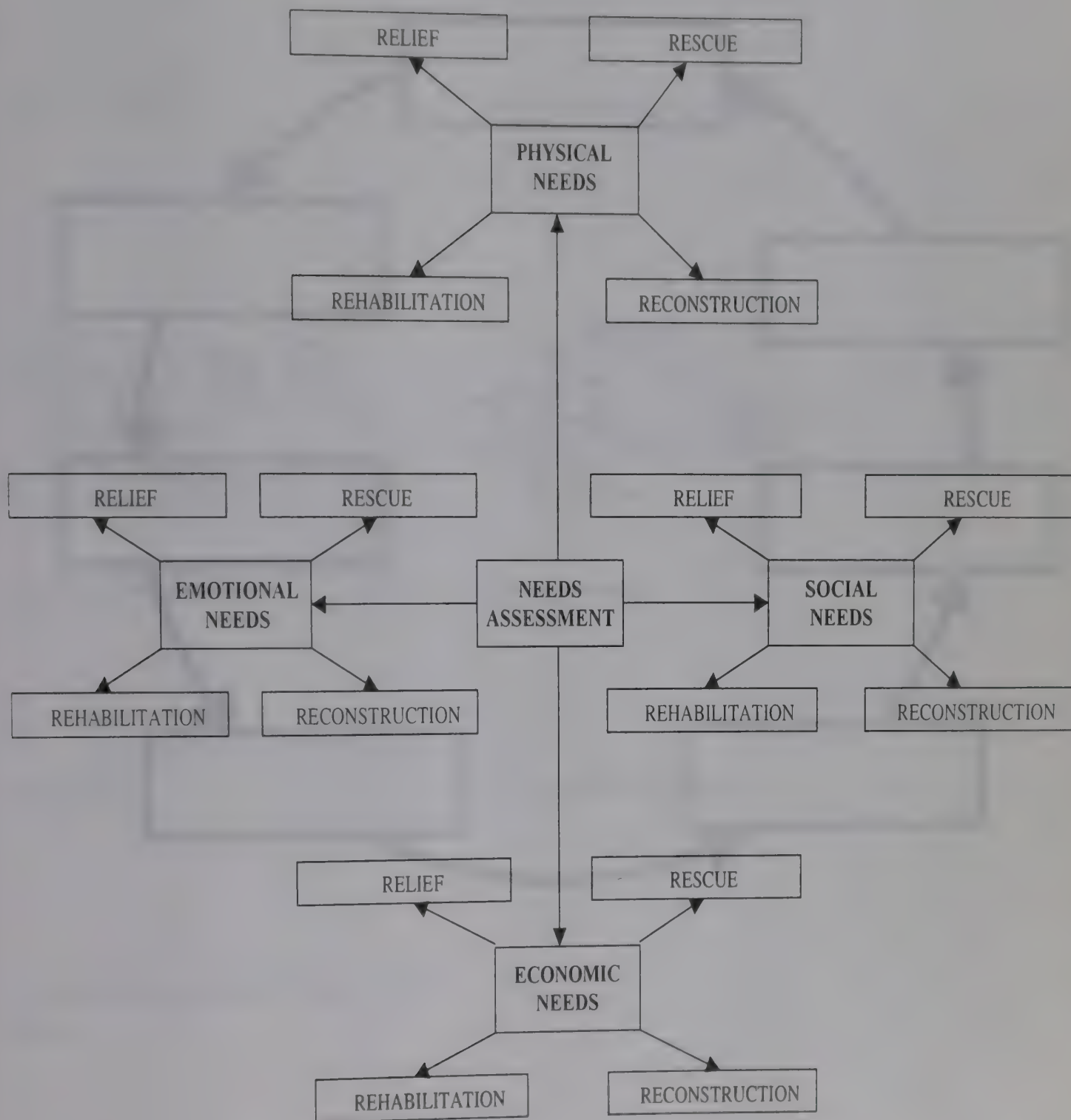
PSYCHOSOCIAL INTERVENTION TEMPLATE



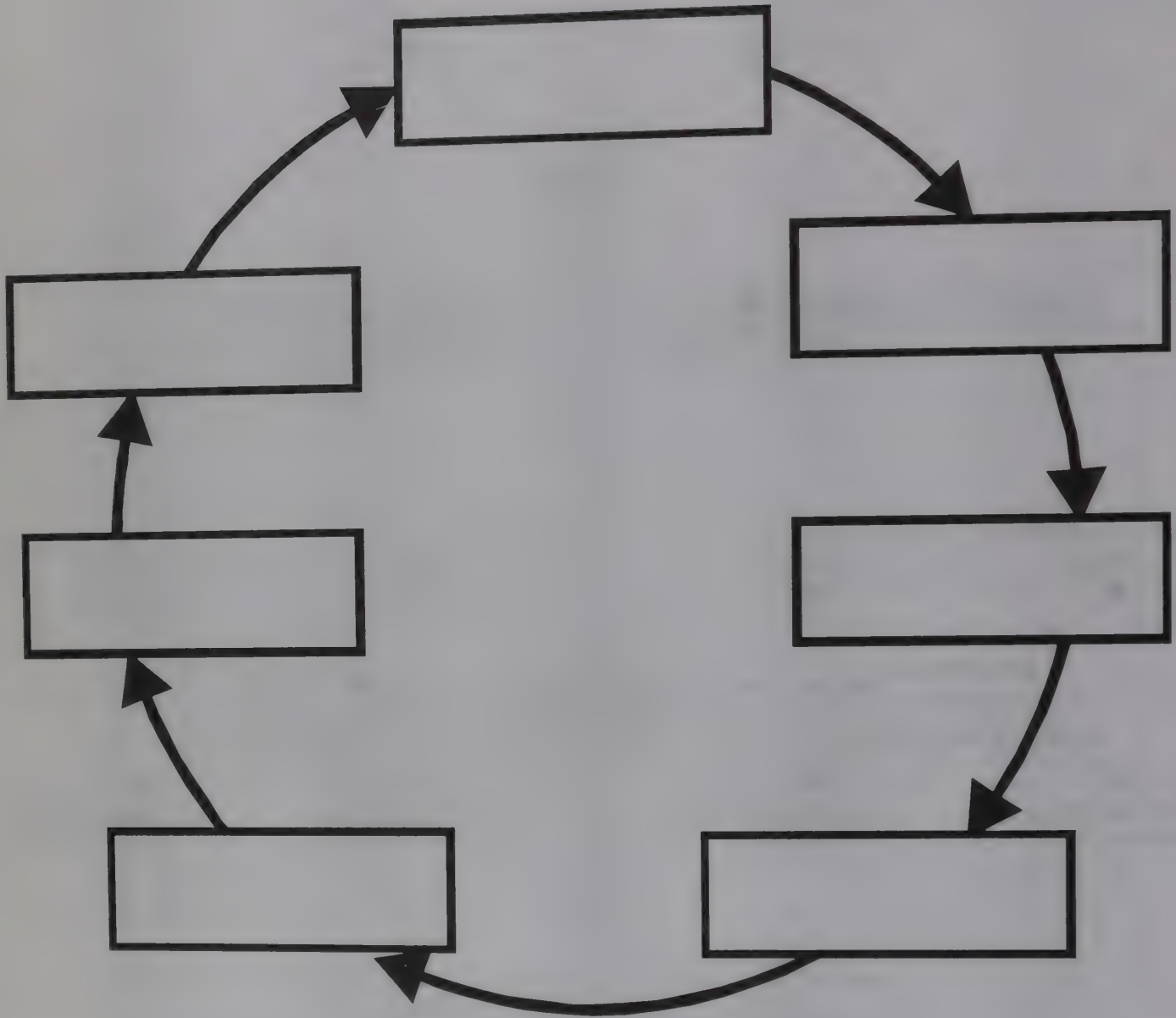
REFERRAL

	<i>HANDLE IT YOURSELF</i>	<i>CONSIDER REFERRAL</i>
A L E R T N E S S		
	<i>HANDLE IT YOURSELF</i>	<i>CONSIDER REFERRAL</i>
B E H A V I O R		
	<i>HANDLE IT YOURSELF</i>	<i>CONSIDER REFERRAL</i>
S P E E C H		
	<i>HANDLE IT YOURSELF</i>	<i>CONSIDER REFERRAL</i>
E M O T I O N		

PSYCHOSOCIAL NEEDS ASSESSMENT



UNDERSTANDING FAMILY LIFE CYCLE



THE LIFE EVENTS

Family and social issues:

Work related issues:

Financial issues:

Marital and sexual life:



Health related issues:

Bereavement:

Education:

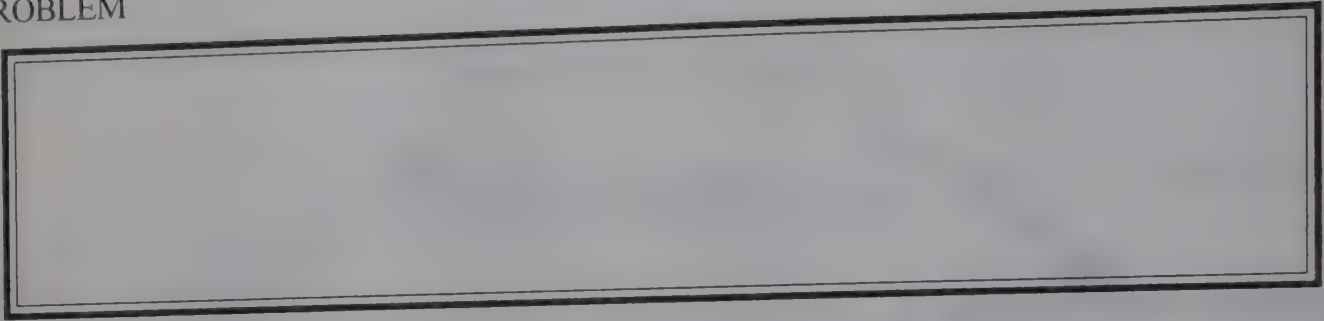
Legal related issues:

Courtship and cohabitation related issues:

Others:

ROLE PLAY – ADULTS

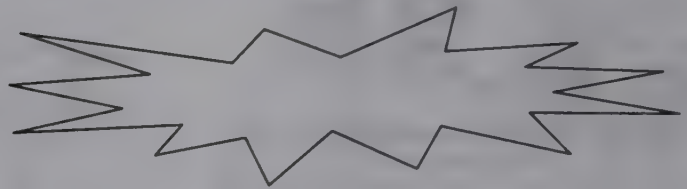
PROBLEM



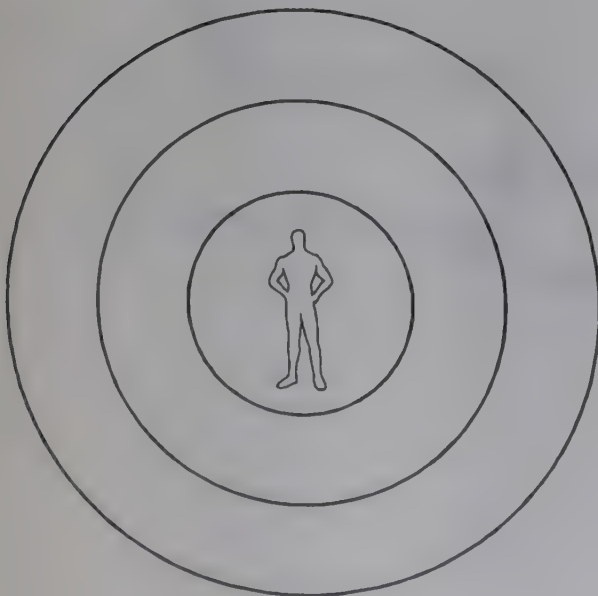
NORMAL REACTION



ABNORMAL REACTION



CIRCLE OF SUPPORT



UMBRELLA OF CARE



HOW TO HELP?

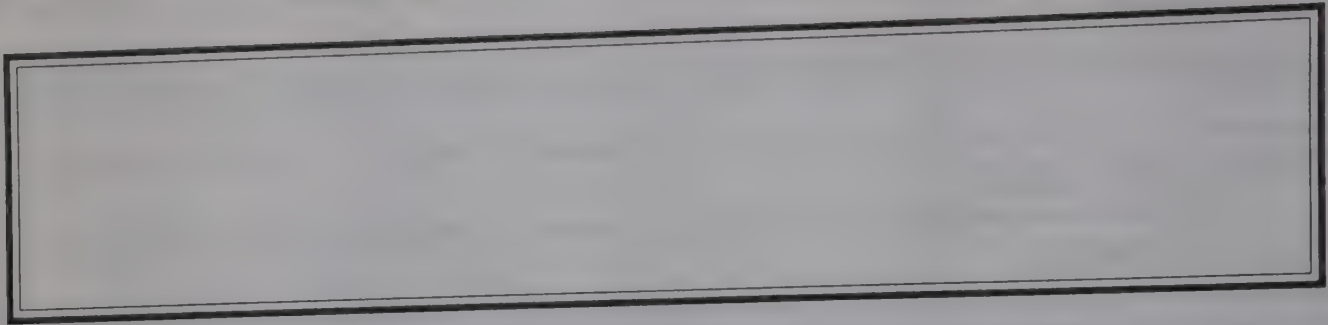
Mode of helping	Desirable	Undesirable
VENTILATION		
EMPATHY		
ACTIVE LISTENING		
SOCIAL SUPPORT		
EXTERNALISATION OF INTEREST		
RELAXATION / RECREATION		
SPIRITUALITY		

What else can we do?

What you don't want to do?

ROLE PLAY – ADULTS

PROBLEM



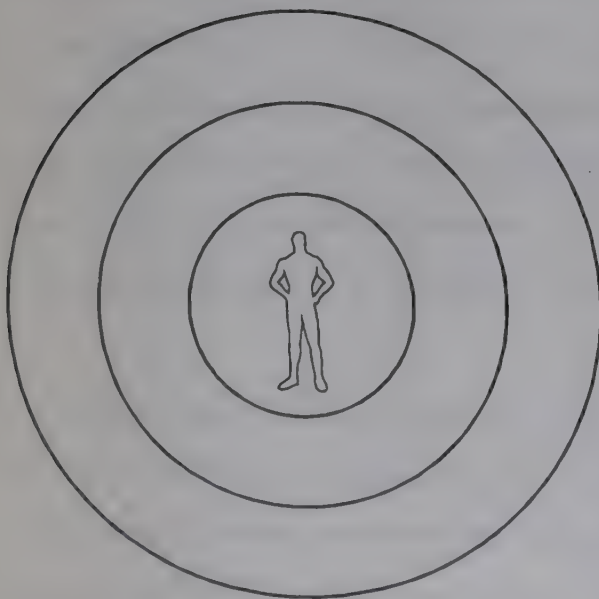
NORMAL REACTION



ABNORMAL REACTION



CIRCLE OF SUPPORT



UMBRELLA OF CARE



HOW TO HELP?

Mode of helping	Desirable	Undesirable
VENTILATION		
EMPATHY		
ACTIVE LISTENING		
SOCIAL SUPPORT		
EXTERNALISATION OF INTEREST		
RELAXATION / RECREATION		
SPIRITUALITY		

What else can we do?

What you don't want to do?

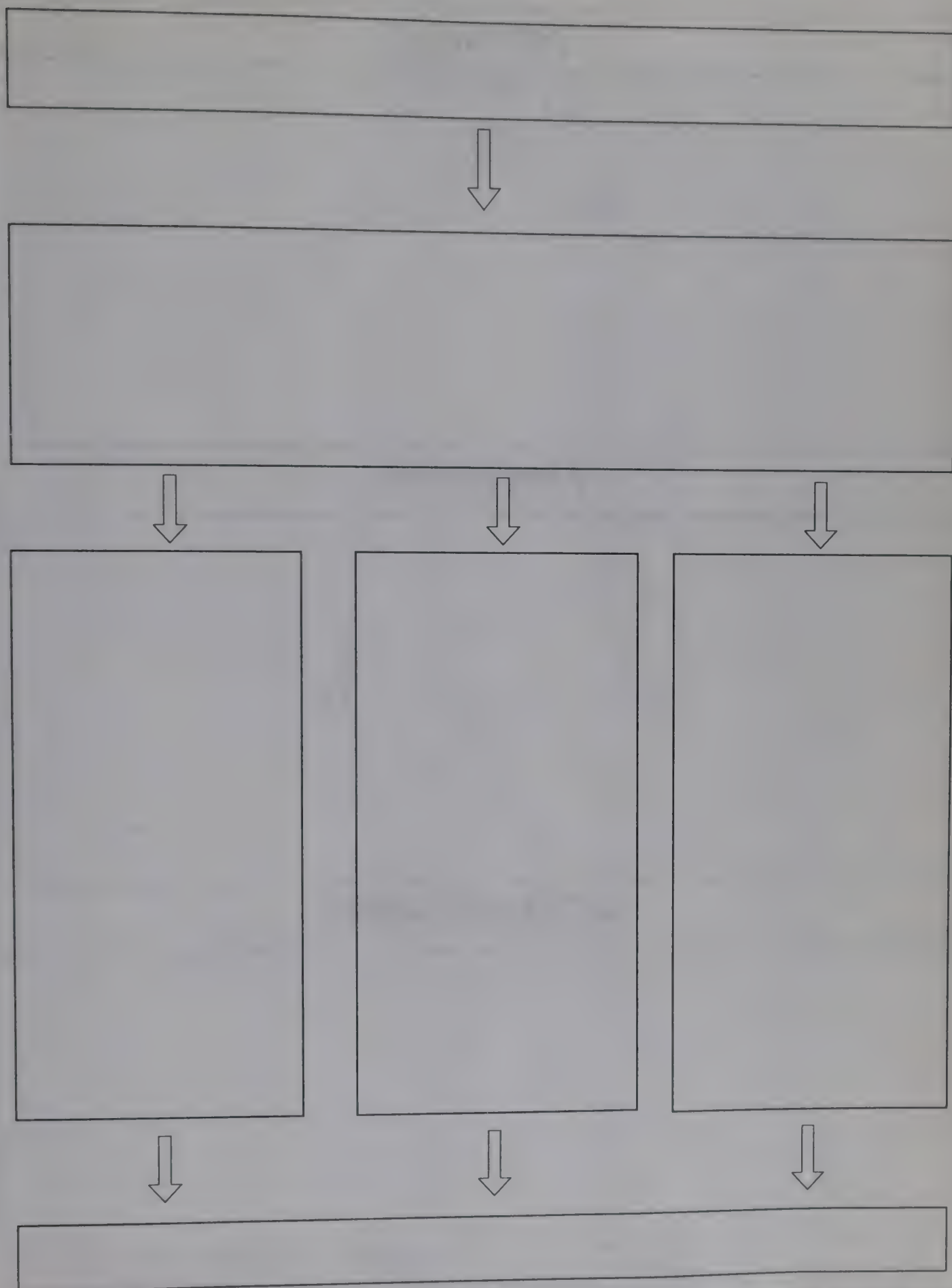
PSYCHOSOCIAL WORK WITH WOMEN AT INDIVIDUAL, FAMILY AND COMMUNITY LEVEL

INDIVIDUAL

FAMILY

COMMUNITY

PSYCHOSOCIAL SITUATION OF WOMEN IN DISASTER



MH 100
124

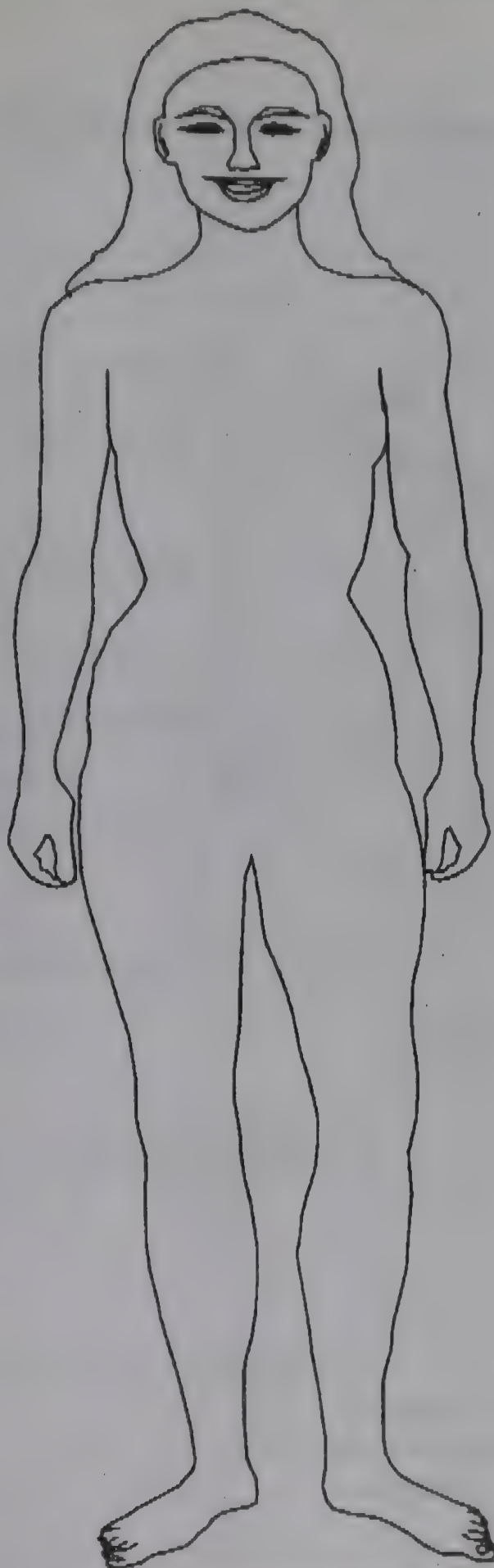
IMPACT OF DISASTER ON WOMEN

PHYSICAL

EMOTIONAL

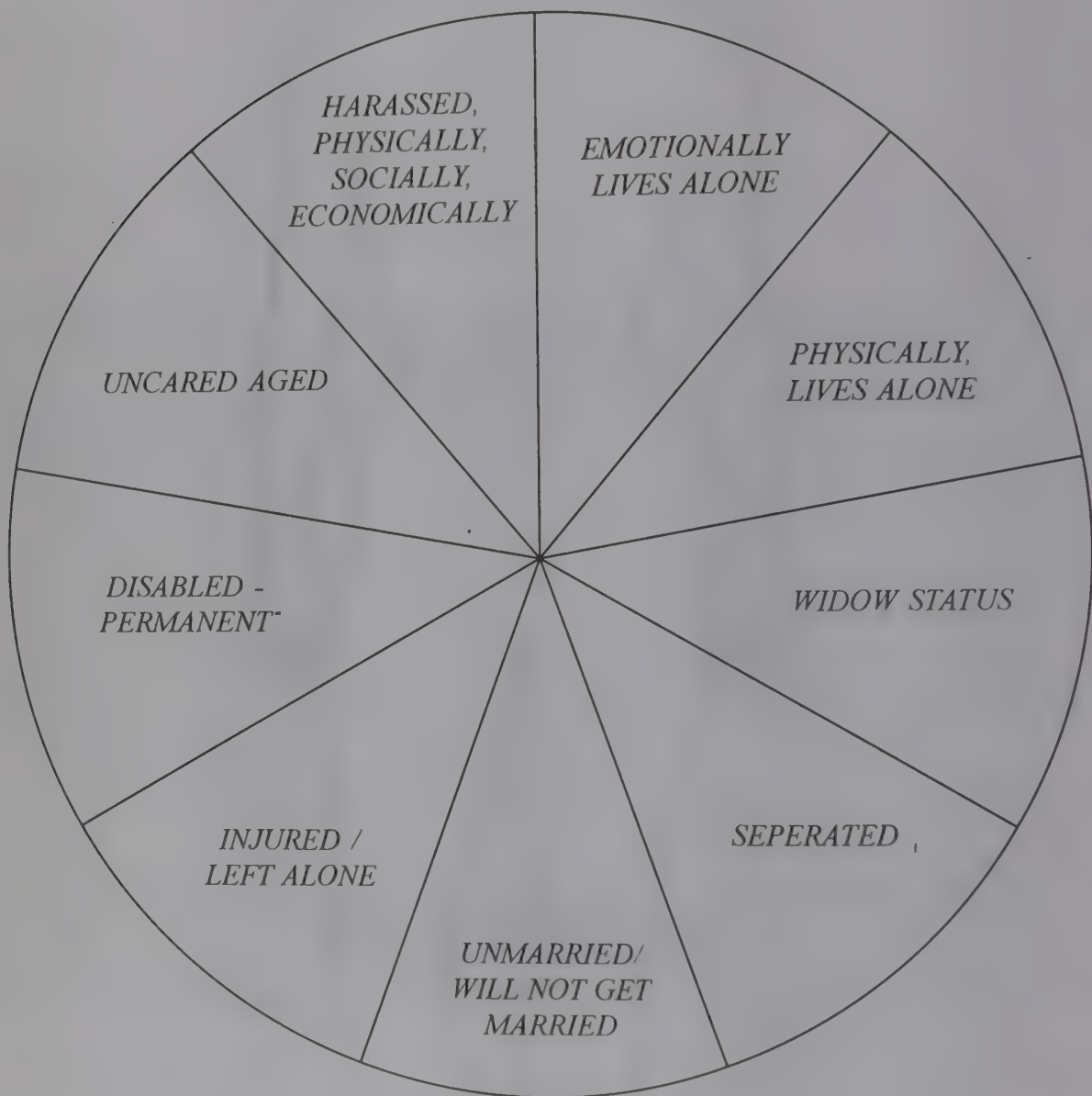
SOCIO-ECONOMIC

BODY MAPPING



ISSUES OF SINGLE WOMEN

MAPPING INITIATIVES FOR EMPOWERING WOMEN



- *Share feelings of loneliness*
- *Enlist positive qualities of the person*
- *Discover the circle of support*

PRINCIPLES FOR WORKING WITH WOMEN

➤ *CONFIDENTIALITY*

➤ *NONJUDGMENTAL ATTITUDE*

➤ *A COMFORTING ATTITUDE*

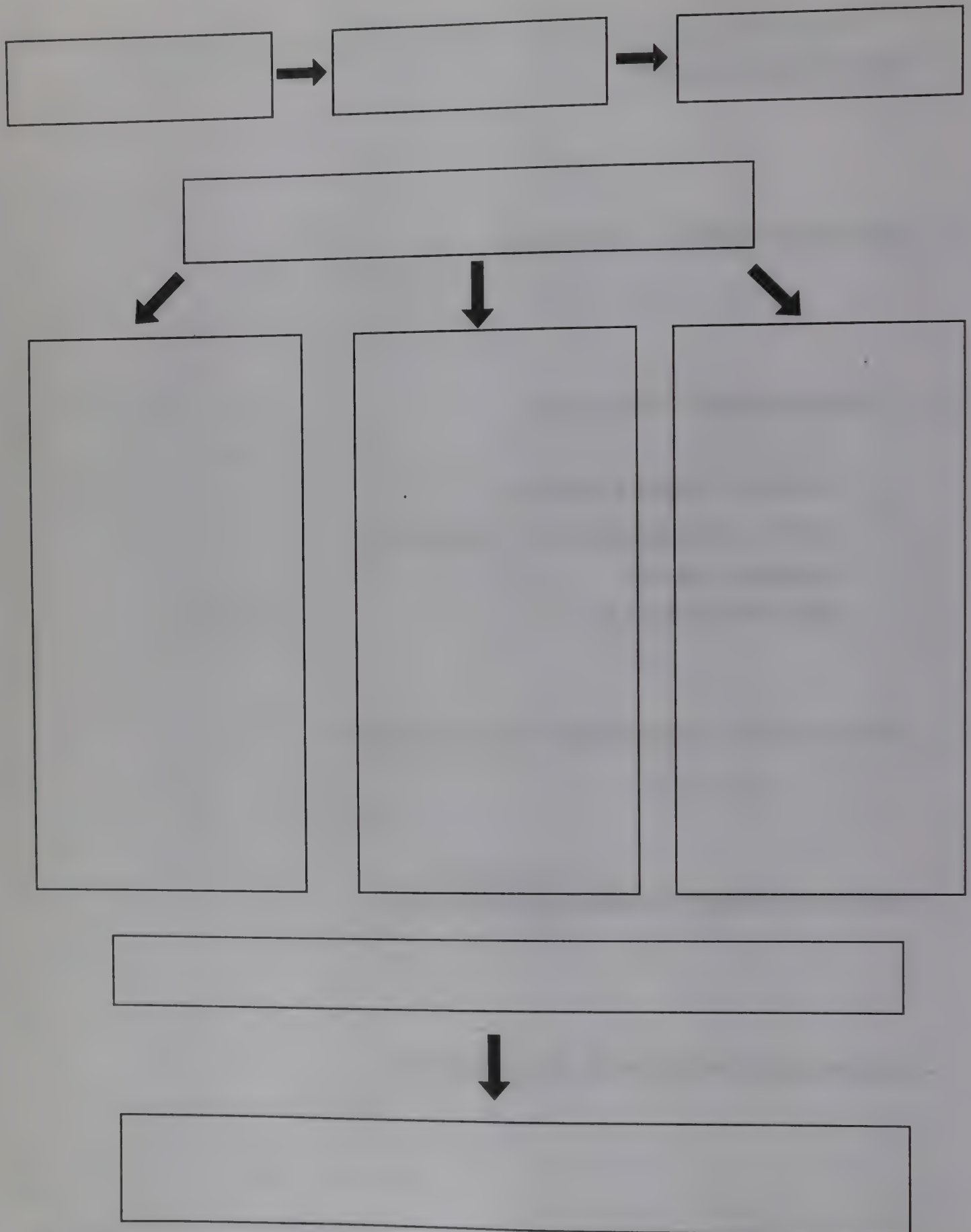
- *ATTEND NONVERBALLY*
- *GIVE A FEEDBACK ON FEELINGS*
- *REPEAT IDEAS*
- *ALLOW SILENCE*

➤ *ENCOURAGE EXPRESSION OF EMOTIONS*

➤ *ACKNOWLEDGE WOMEN'S FEELINGS*

➤ *HIGHLIGHT PERSONAL RESOURCES*

INTERVENTION WITH WOMEN



IMPACT OF DISASTER ON CHILDREN

FREELIST

1. *Loss of familiar environments*
2. *Fear and insecurity*
3. *Struggle for food, shelter and other amenities*
4. *Witnessed death*
5. *Witnessed rapes and other forms of violence*
6. *Continued threat to their sense of well being*

UNDERSTANDING EMOTIONAL REACTIONS

**Infant/young
(0-5years)**

**School going children
(6-12years)**

**Adolescents
(13 years & above)**

Boys

Girls

➤ *Common and normal responses.*

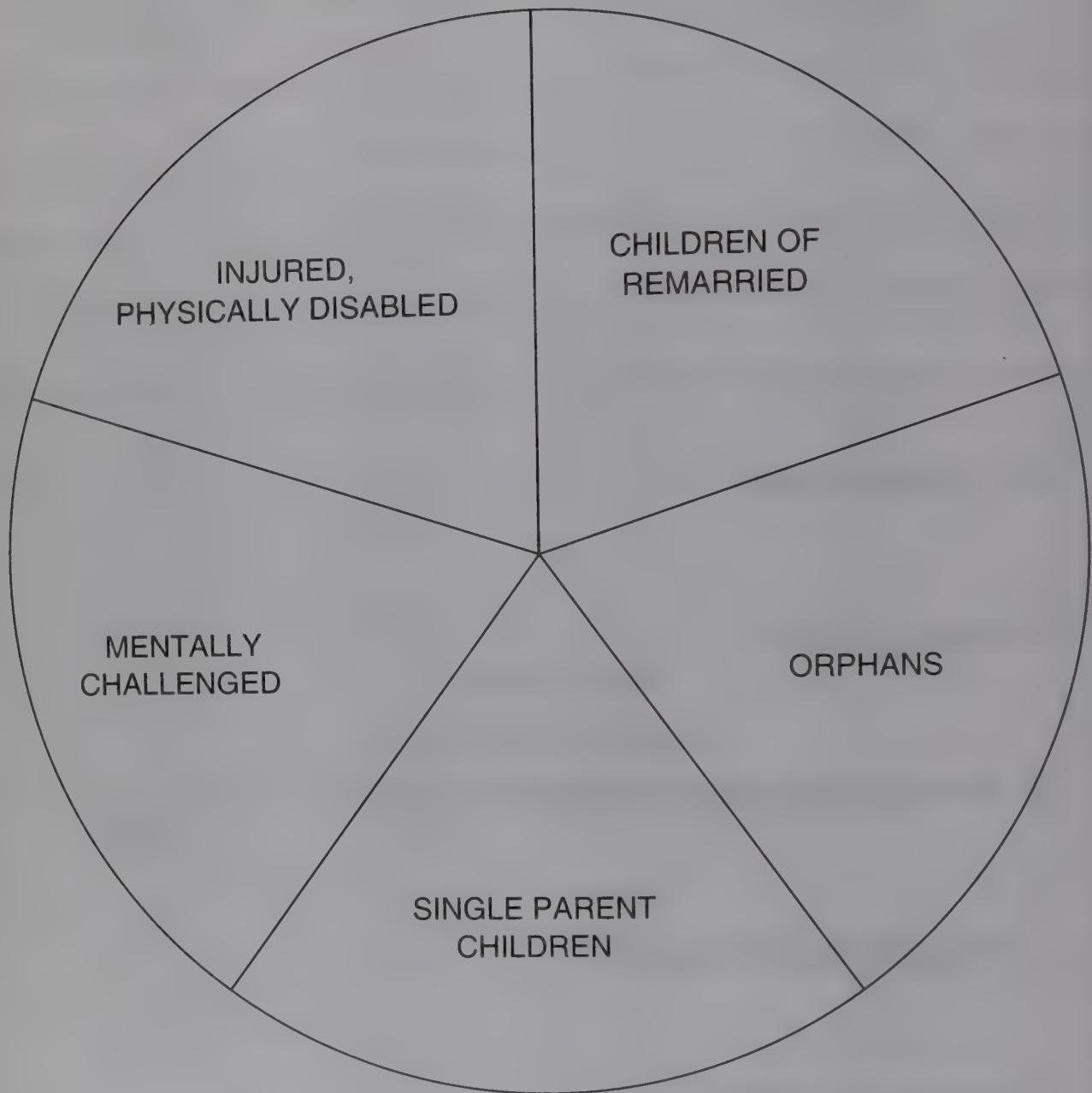
➤ *Beyond child's coping abilities.*

➤ *Need to provide support for gaining mastery*

RECALLING CHILDHOOD EVENTS

- *Belongingness*
- *Being a friend*
- *Never scolded always explained lovingly*
- *Hugged me affectionately*
- *Listened carefully*
- *Always smiled*
- *Gave me respect*

CARING FOR SPECIAL CHILDREN



Do

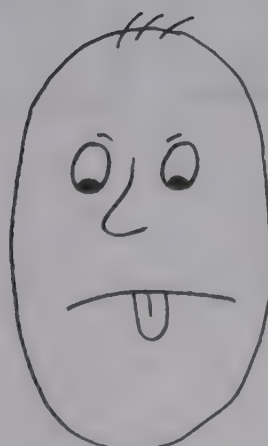
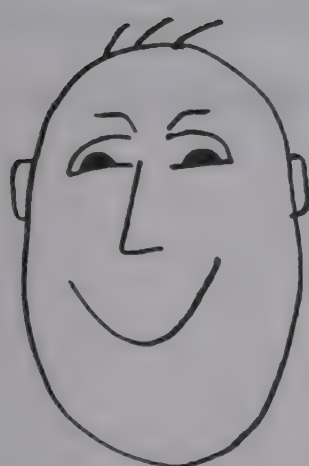
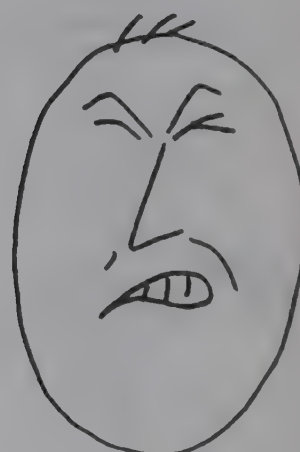
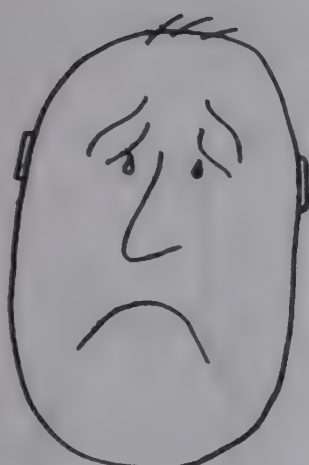
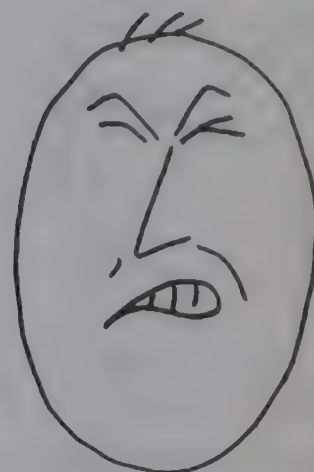
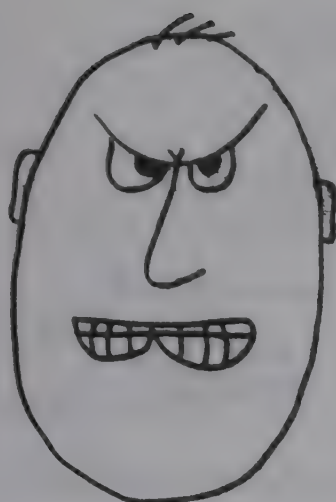
- * Keep them intact with the family/nearest relatives
- * Provide them security and comfort
- * Normalise their life as early as possible
- * Share information

Don't

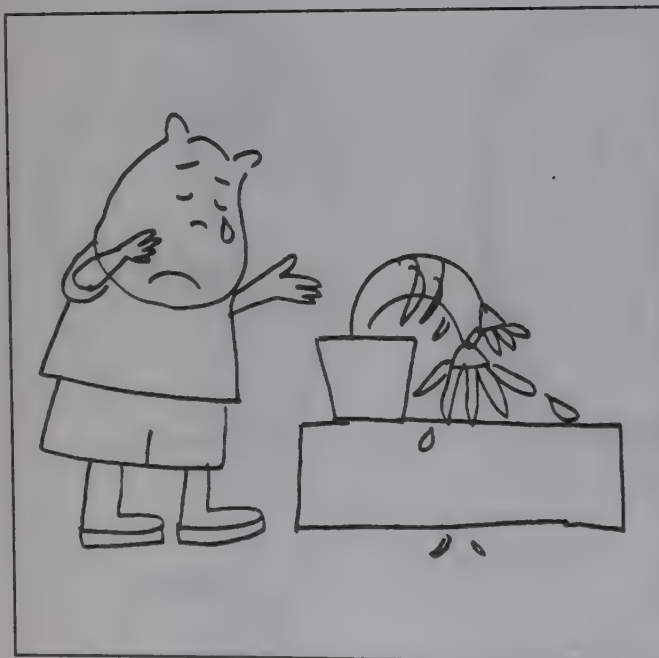
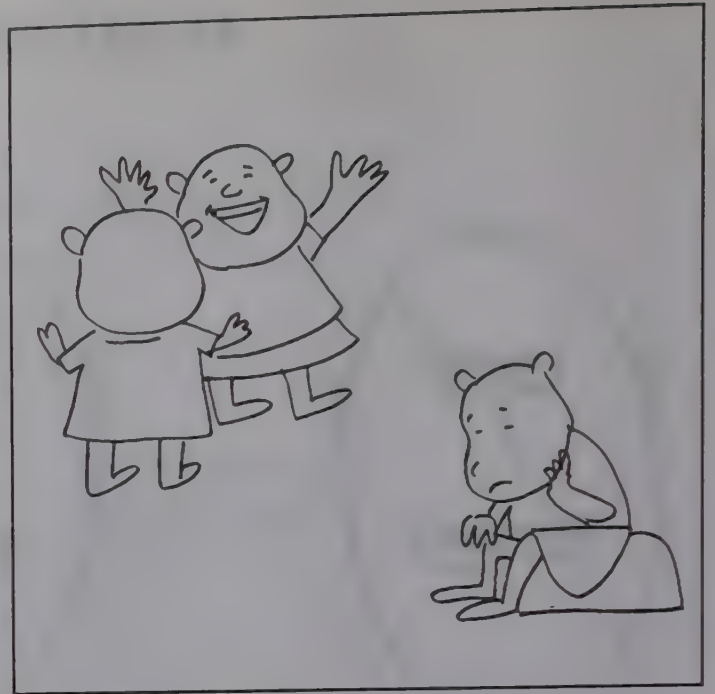
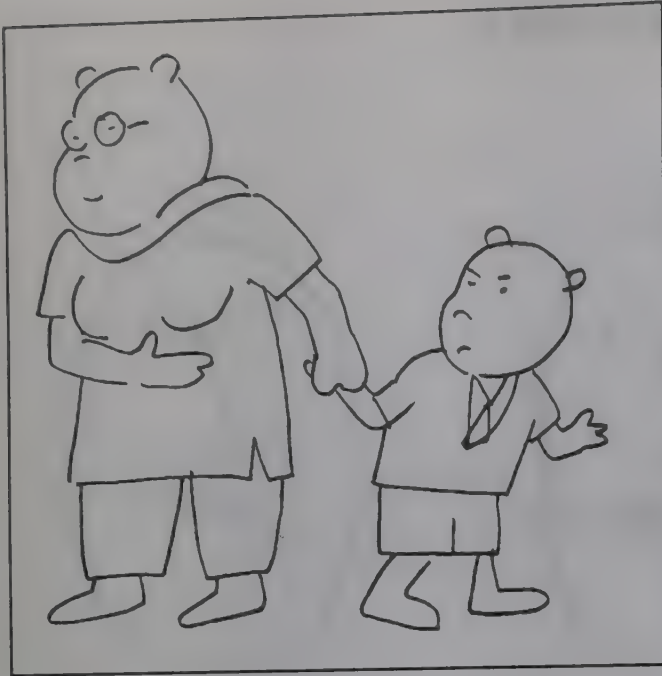
- * Do not send them to far off places where everyone is unknown
- * Do not punish them
- * Do not frighten them to control
- * Do not give them false promises

MEDIUMS USED WITH CHILDREN

FACIAL EXPRESSIONS



THEMATIC STORY CARDS



THEMATIC STORY CARDS



FAMILY PORTRAIT



HAPPY



SAD



ANGRY

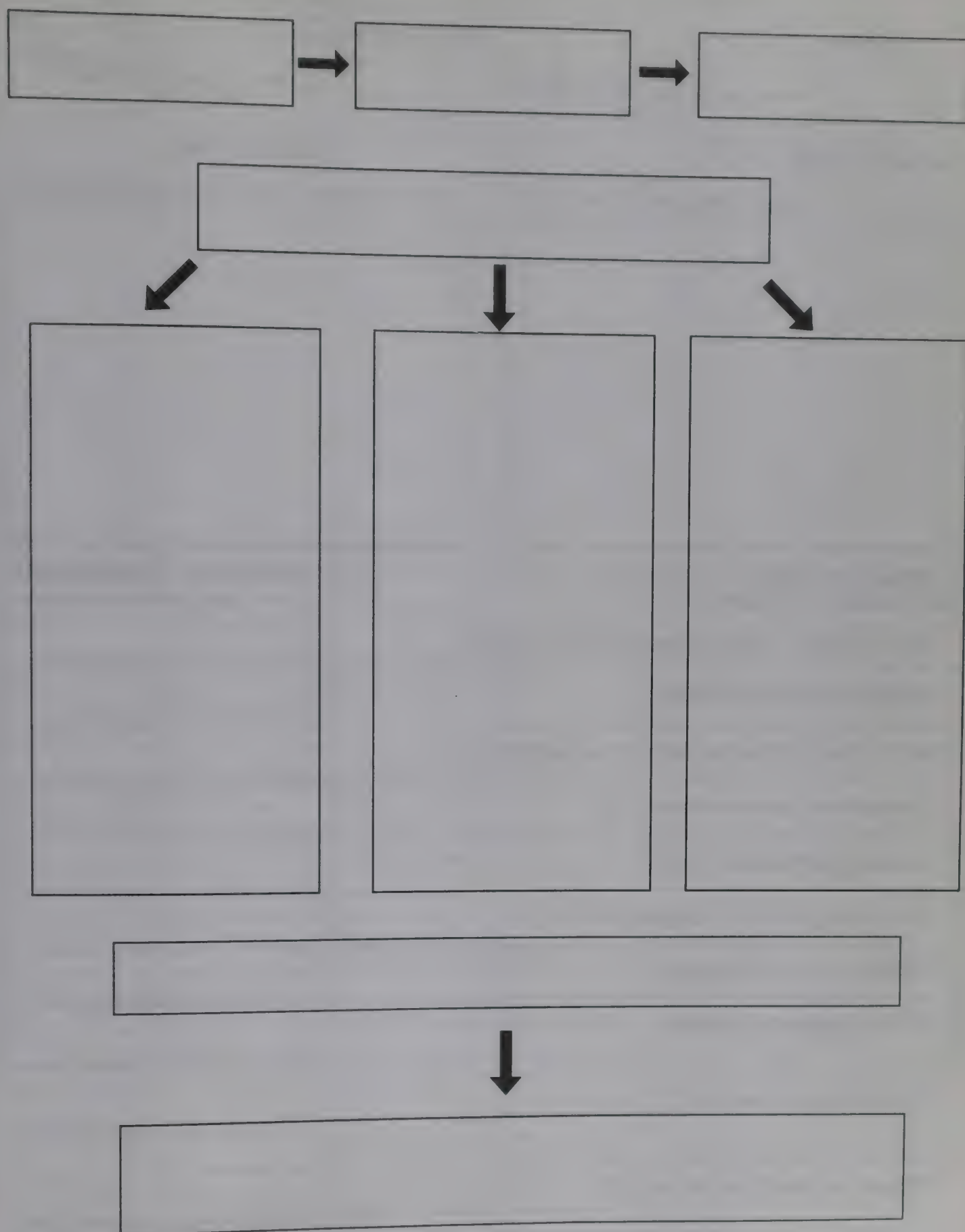
CHILDREN'S KIT

- *Moulding clay*
- *Family of dogs*
- *Baby doll*
- *Kitchen kit*
- *Miniature animals*
- *Poster paints*
- *Crayons*
- *Pen*
- *Pencil*
- *Eraser*
- *Sharpener*
- *Papers*
- *Bowling kit*
- *Ambulance*
- *Police jeep*
- *Jeeps*
- *Cars*
- *Chalk piece*
- *Foldable black board*
- *Board game*
- *Doctor set*

REFERRAL REQUIREMENT FOR CHILDREN

Conduct problems	Overactive
Somatisation	Post traumatic stress disorder
Severely depressed	Substance abuse

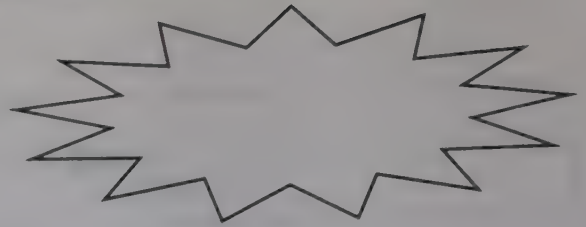
HELPING PROCESS FOR CHILDREN



ROLE PLAY TEMPLATE – CHILDREN

Reactions

Impact



Activity listing

Mediums used

Mode of helping	Desirable	Undesirable
Observation of their behaviour and listening		
Accepting their behaviour		
Monitoring of their behaviour and what they say		
Giving love and assurance		
Modeling of positive living		
Use of play to offer support and help		
Talking with the children		
Normalization of routines		

What else can we do ?

What you don't want to do?

ROLE PLAY TEMPLATE – CHILDREN

Reactions

Impact



Activity listing

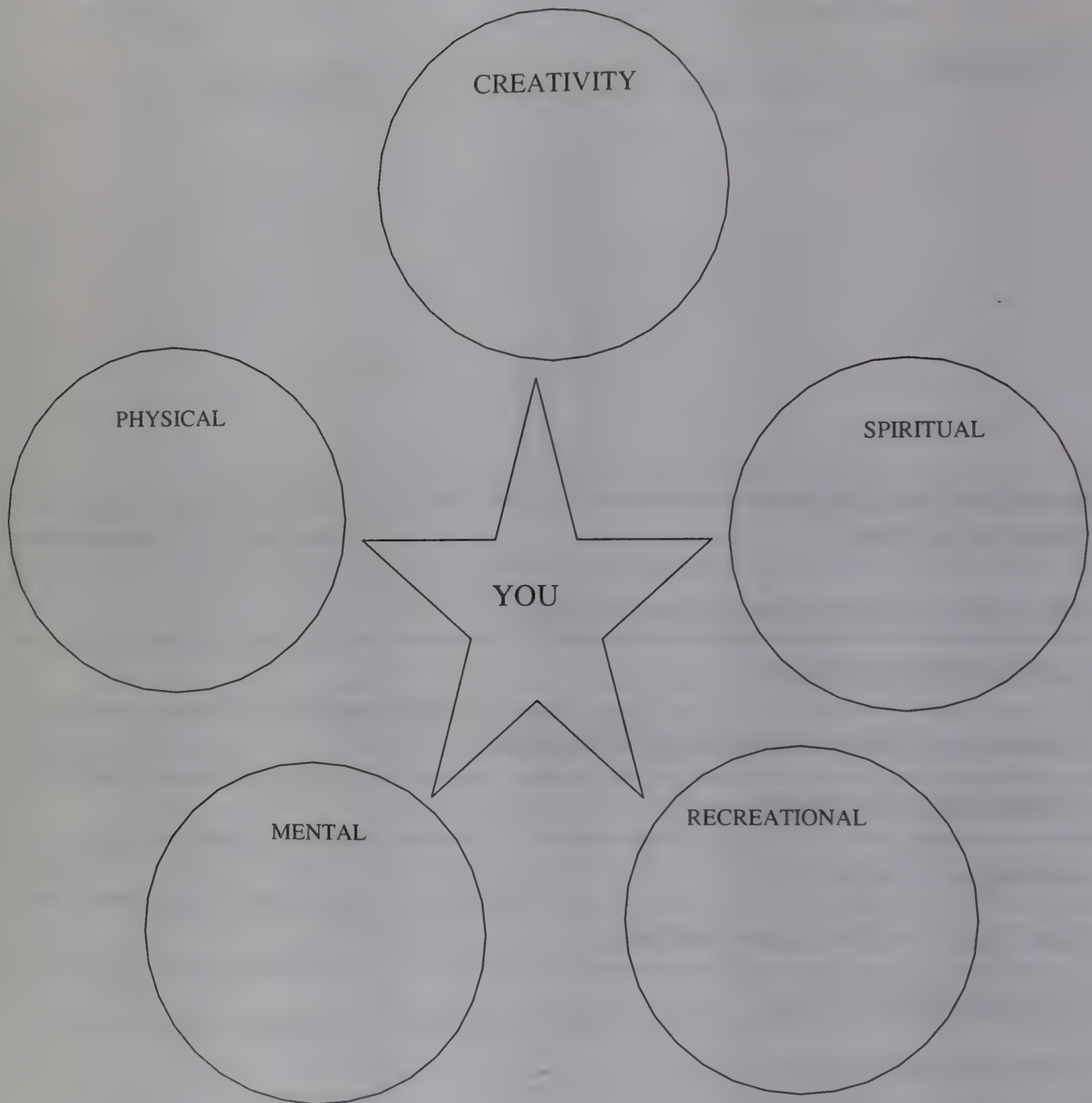
Mediums used

Mode of helping	Desirable	Undesirable
Observation of their behaviour and listening		
Accepting their behaviour		
Monitoring of their behaviour and what they say		
Giving love and assurance		
Modeling of positive living		
Use of play to offer support and help		
Talking with the children		
Normalization of routines		

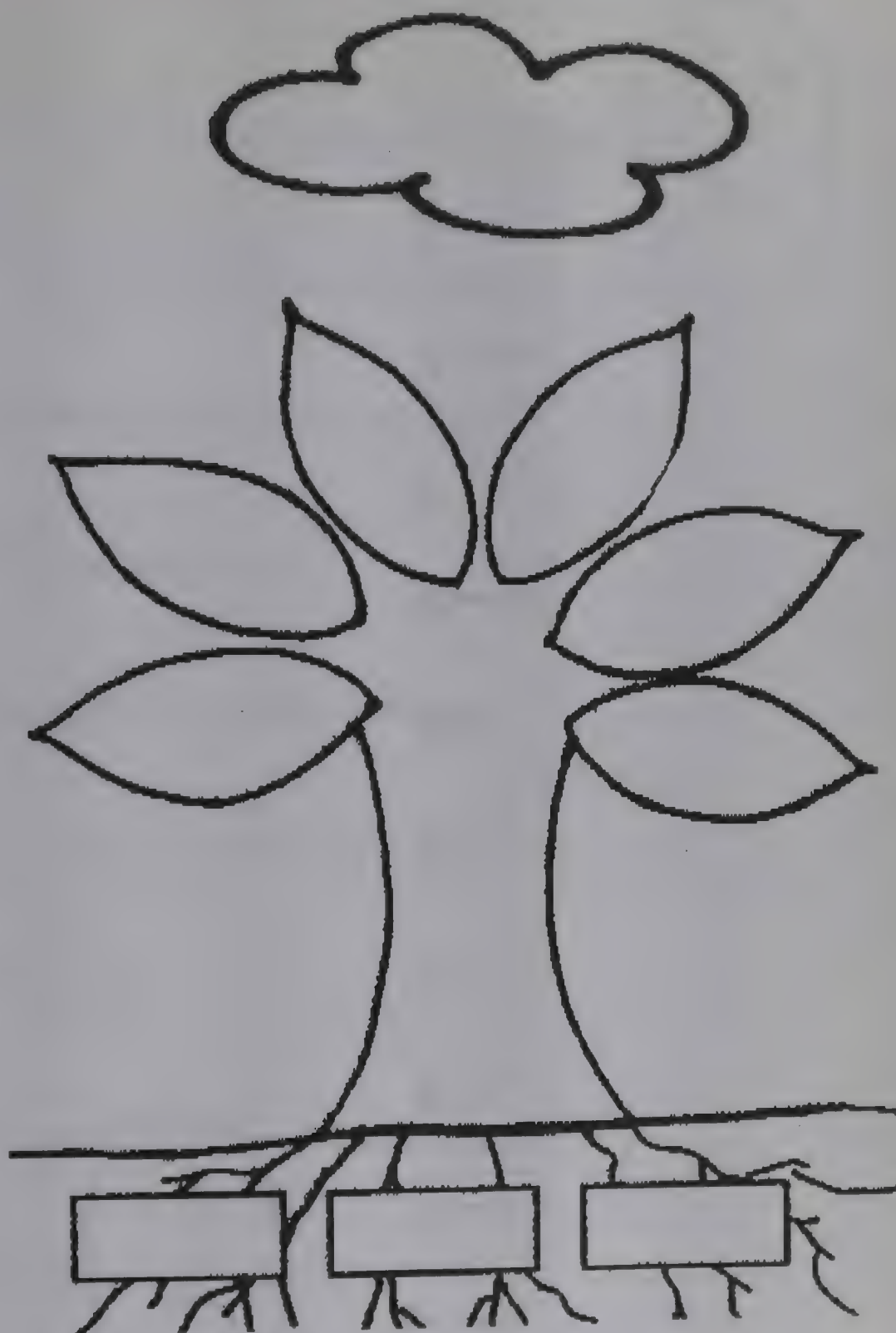
What else can we do ? _____

What you don't want to do? _____

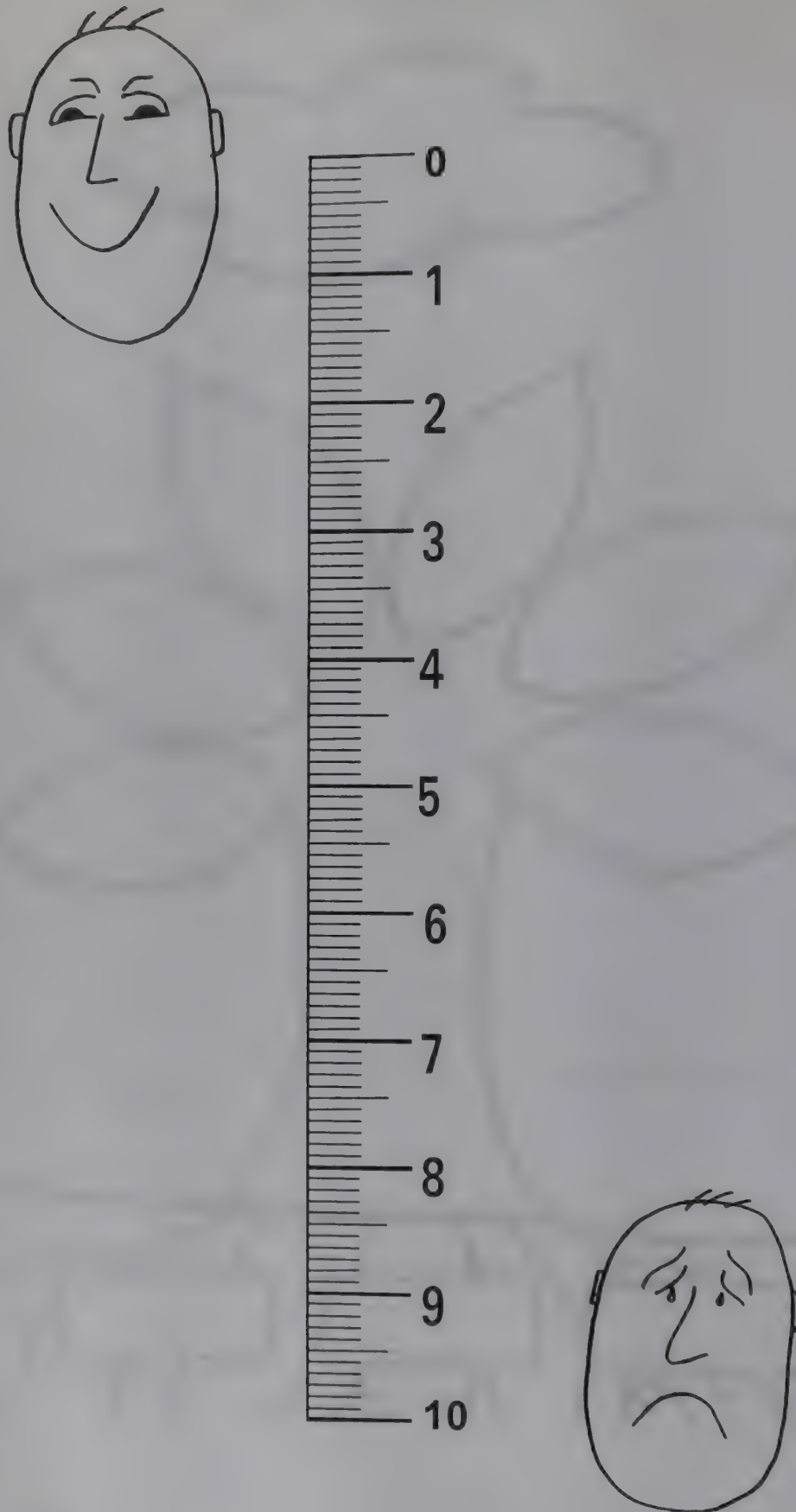
HOLISTIC LIVING (EMOTIONAL WELLS)



TREE OF SUSTENANCE



EMOTIONAL THERMOMETER



MY LEARNING BOOK

My current week

1. The problems of individuals in the area of my work
2. The community problems in the area that I work in
3. Efforts made by me during my field work
4. Problems faced by me
5. Psychosocial techniques used by me
6. The people I was able to help
7. The people I was unable to help out
8. I referred these people to various agencies
9. My feeling in the current week



.....

Date

Place.....

My Name

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

MY MONTHLY REPORT

1. Worked withpeople
2. Helpedpeople through psychosocial care
3. Community needs
4. Psychosocial efforts by me were
 - Not at all helpful
 - Little helpful
 - Quite helpful
 - Completely helpful
5. I requested support from the psychosocial team for these areas
6. My needs
7. I feel satisfied with my work this month because

.....

Date

My name

Place.....

MY THREE MONTHLY REPORT

1. My work experience with psychosocial care over this month
2. How did psychosocial care influence my other work in the field ?
3. These are the people I could help out
4. Problems I faced
5. People I referred for psychological care
6. My needs

Date

Place.....

.....

My name

POLICY INITIATIVES FOR PSYCHOSOCIAL CARE IN DISASTER

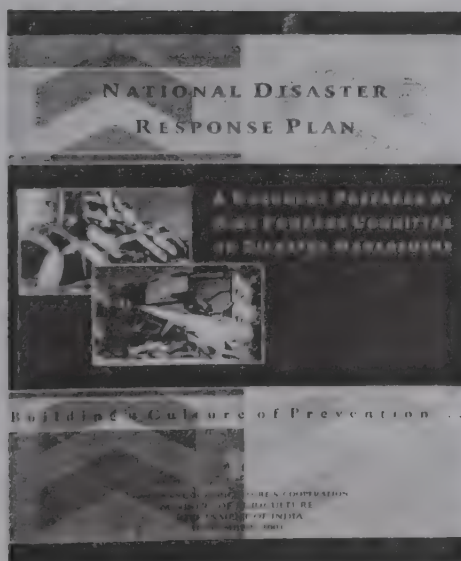
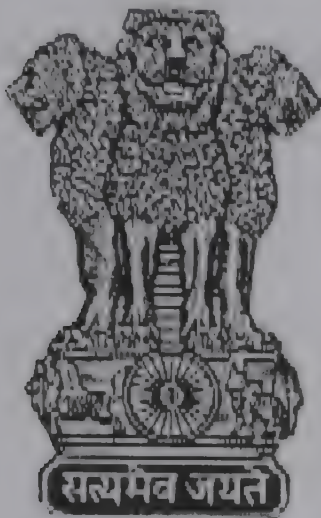
The Sphere Project

The Sphere Project-2004

THE SPHERE PROJECT
CHARTER
OF THE SPHERE PROJECT
2004

NATIONAL HEALTH POLICY (2002)

National Health Policy (2002)
Government of India



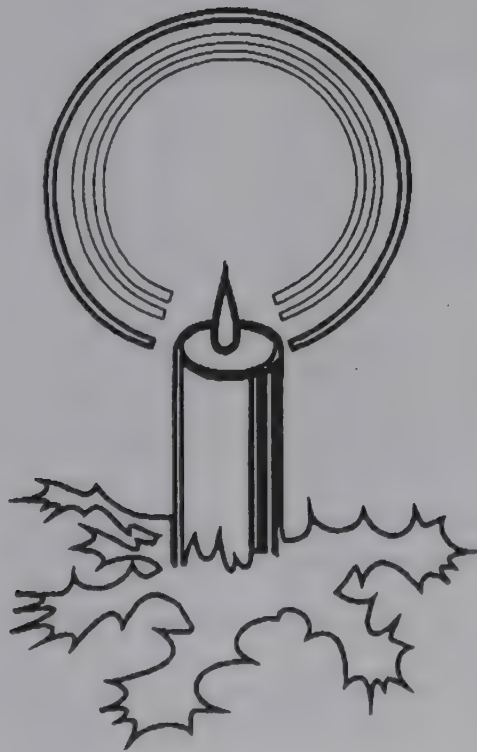
NATIONAL DISASTER RESPONSE PLAN
Department of Agriculture and Cooperation,
Ministry of Agriculture,
Government of India, September 2001.

ROLE AND TASK

- **Integrate psychosocial care into other programmes.**
- **Identify those people who need additional psychosocial care.**
- **Use the seven techniques of psychosocial care in your work.**
- **Utilise other agencies and people providing psychosocial care.**
- **Refer people in accordance with their needs to the appropriate organisations.**
- **Use your learning book regularly.**
- **Refer the manuals continuously.**

OUR ETHICS

- We will not share other people's information.
- We will not make false promises.
- We will take care of fellow workers and ourselves.
- We will strive to enlighten others lives.
- We will reach out and seek help when we feel low.
- We will always keep smiling.



STATEMENT COMPLETION

Kindly complete the statements given below as you felt in the last one month.

1. I like _____
2. I hate _____
3. I would like _____
4. I dream _____
5. I miss _____
6. I am _____
7. I feel happy _____
8. I feel sad _____
9. I get angry _____
10. If I could _____
11. I would like to change _____
12. My greatest fear _____
13. My strength _____
14. My weakness _____
15. I wish _____
16. I hope _____
17. I remember _____
18. I look forward to _____
19. I feel embarrassed _____
20. I am proud of _____

THE IMPACT OF EVENT SCALE – ADULT

Sl. No.: _____

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____ how much were you distressed or bothered by theses difficulties?

No.	Impact of events items	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble sleeping	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I feel irritable and angry	0	1	2	3	4
5	I avoided getting my self upset when I thought about it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4

12	I was aware that I still had a lot of feelings about it , but I didn't deal with them	0	1	2	3	4
13	My feelings about it were kind of numb.	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble in concentrating	0	1	2	3	4
19	Reminders of it caused me to have physical reactions such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on guard	0	1	2	3	4
22	I tried not to talk about it.	0	1	2	3	4

Ref. Weiss, D. & Marmar, C. (1997). The Impact of Event Scale - Revised. In J. Wilson & T. Keane (Eds), Assessing psychological trauma and PTSD. New York : Guildford.

SELF REPORTING QUESTIONNAIRE (SRQ)

Sl. No. _____

	Yes	No
1. Do you often have headaches?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your appetite poor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you sleep badly?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you easily frightened?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your hands shake?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel nervous, tense or worried?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your digestion poor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have trouble thinking clearly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel unhappy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you cry more than usual?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you find it difficult to enjoy your daily activities?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you find it difficult to make decision?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your daily work suffering?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you unable to play a useful part in life?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you lost interest in things?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel that you are a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the thought of ending your life been on your mind?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you feel tired all the time?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have uncomfortable feeling in your stomach?	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you easily tired?	<input type="checkbox"/>	<input type="checkbox"/>

Ref. World Health Organization (1980) Self reporting questionnaire in : Harding T.W. et. al. (eds.) Mental disorders in primary health care
: A study of their frequency and diagnosis in four developing countries. Psychological Medicine 10:231-24

DISABILITY ASSESSMENT SCHEDULE WHODAS-II

H1	<i>How do you rate your overall health in the past 30 days?</i>	Very good	Good	Moderate	Bad	Very Bad
----	---	-----------	------	----------	-----	----------

In the last 30 days how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme /Cannot Do
S1	<u>Standing for long periods</u> such as 30 minutes?	1	2	3	4	5
S2	Taking care of your <u>household responsibilities</u> ?	1	2	3	4	5
S3	<u>Learning a new task</u> , for example, learning how to get to a new place	1	2	3	4	5
S4	How much of a problem did you have <u>joining in community activities</u> (for ex. festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
S5	How much have you been <u>emotionally affected</u> by your health problems?	1	2	3	4	5
S6	<u>Concentrating</u> on doing something for ten minutes?	1	2	3	4	5
S7	<u>Walking a long distance</u> such as a kilometre [or equivalent]?	1	2	3	4	5
S8	Washing your whole body?	1	2	3	4	5
S9	Getting <u>dressed</u> ?	1	2	3	4	5
S10	Dealing with people you do not know?	1	2	3	4	5
S11	<u>Maintaining a friendship</u> ?	1	2	3	4	5
S12	Your day to day <u>work</u> ?	1	2	3	4	5

		None	Mild	Moderate	Severe	Extreme /Cannot Do
H2	Overall, how much did these difficulties <u>interfere</u> with your life? Read choices to respondent.	1	2	3	4	5
H3	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	RECORD NUMBER OF DAYS __/__/__				
H4	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	RECORD NUMBER OF DAYS __/__/__				
H5	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	RECORD NUMBER OF DAYS __/__/__				

Ref. : World Health Organization (2000) Disability assessment schedule - WHO - DAS II. Geneva: Health Services Research.

THE IMPACT OF EVENT SCALE - CHILDREN

On _____ you experienced _____

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please mark the "not at all" column.

	Statement	FREQUENCY			
		Not at all	Rarely	Some times	Often
1.	I thought about it when I didn't mean to.	0	1	3	5
2.	I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	3	5
3.	I tried to remove it from memory.	0	1	3	5
4.	I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.	0	1	3	5
5.	I had waves of strong feelings about it.	0	1	3	5
6.	I had dreams about it.	0	1	3	5
7.	I stayed away from reminders of it.	0	1	3	5
8.	I felt as if it hadn't happened or it wasn't real.	0	1	3	5
9.	I tried not to talk about it.	0	1	3	5
10.	Pictures about it popped into my mind.	0	1	3	5
11.	Other things kept making me think about it.	0	1	3	5
12.	I was aware that I still had a lot of feeling about it, but I didn't deal with them.	0	1	3	5
13.	I tried not to think about it.	0	1	3	5
14.	Any reminder brought back feelings about it.	0	1	3	5
15.	My feelings about it were kind of numb.	0	1	3	5

Ref. Dyregrov. A., & Yule, W. (November, 1995). Screening Measures -- the development of the UNICEF screening battery The 9th Annual Meeting of the International Society of Stress Studies, Boston, MA, USA. (Adaptation of Horowitz et al., 1979)

MANUALS ON PSYCHOSOCIAL CARE IN DISASTER

Orissa Supercyclone, Psychosocial Care For Individuals, Information Manual 1 (1998). Kumar, K. V. K., Chandrashekar, C. R., Chowdhury, P., Parthasarathy, R., Girimaji, S., Sekar, K., Murthy, R.S. Books for Change.

Orissa Supercyclone, Psychosocial Care For Community Level Helpers, Information Manual 2(1998). Kumar, K. V.K., Chandrashekar, C.R., Chowdhury, P., Parthasarathy, R., Girimaji, S., Sekar, K., Murthy, R.S. Books for Change.

Gujarat Earthquake, Psychosocial Care For Individuals, Information Manual 1(2001). Kumar, K.V.K., Chandrashekar, C.R., Chowdhury, P., Parthasarathy, R., Girimaji, S., Sekar, K., Murthy, R.S. Books for Change. (Gujarati)

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Earthquake Psychosocial Care For Children-A Manual For Teachers, Information Manual 3(2001). Parthasarthy, R., Bharath, S., Kumar, K.V.K, Sekar, K., Girimaji, S., Murthy, R.S. Snehasamudhay (Gujarati)

Riots, Psychosocial Care For Individuals, Information Manual 1(2002). Dave, A.S., Sekar, K., Bhadra, S., Rajshekhar, G.P., Kumar, K.V.K., Murthy, R.S. Books for Change. (English, Gujarati)

Riots, Psychosocial Care By Community Level Helpers For Survivors, Information Manual 2(2002). Dave, A.S., Sekar, K., Bhadra, S., Rajshekhar, G.P., Kumar, K.V.K., Murthy, R.S. Books for Change. (English, Gujarati)

Riots, Psychosocial Care For Children, Information Manual 3(2002). Dave, A.S., Sekar, K., Bhadra, S., Rajshekhar, G.P., Kumar, K.V.K., Murthy, R.S., Jadav, B.B., Books for Change. (English, Gujarati)

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Natural Disaster, Psychosocial Care For Individuals/Family, Information Manual 1(2004). Sekar, K., Pan, S., Babu, S.K.P., Kumar, K.V.K. Books for Change.

Natural Disaster, Psychosocial Care by Community Level Workers for Disaster Survivors, Information Manual 2(2004). Sekar, K., Pan, S., Babu, S.K.P., Kumar, K.V.K. Books for Change.

K. Sekar, Antara S. D., Bhadra Subhasis and Jaya Kumar C. Psychosocial Care in Disaster Management My Workbook (English, Tamil, Telugu, Hindi) NIMHANS-CARE INDIA, 2004, P. 1-67.

K. Sekar, Sayani P., Jaya Kumar C., S. Girimaji and K.V. Kishore Kumar. Information Manual-1: Tsunami Disaster Psychosocial Care for Individual/Families (English, Tamil, Telugu) NIMHANS, 2005, P. 1-26.

K. Sekar, Sayami P., Gargi Biswas, Bhadra Subhasis, Jaya Kumar C. and K. V. Kishore Kumar. Information Manual-2: Tsunami Disaster Psychosocial Care by Community Level Workers (English, Tamil). NIMHANS, 2005, P. 1-66.

K. Sekar, Subhasis Bhadra, Jaya Kumar C, E. Aravindraj, Grace Henry, and K. V. Kishore Kumar. TOT Information Manual for Trainers of Trainees in Natural Disasters. NIMHANS, CARE India. 2005, P. 1-66

Techniques of Psychosocial Care for Tsunami Disaster Survivors poster (English, Tamil, Telugu, Malayalam, Hindi) NIMHANS, CARE IDNIA, 2005.

Psychosocial Care for Children poster (English, Tamil) NIMHANS, CARE INDIA, 2005.

Tsunami Disaster Information for Individuals/Families pamphlets (English, Tamil, Malayalam) NIMHANS Psychosocial Care Team Action Aid International India. 2005, P. 1-4.

Tsunami Disaster Information for Community Level Workers pamphlet (English, Tamil, Malayalam) NIMHANS Psychosocial Care Team Action Aid International India. 2005, P. 1-4.

Psychosocial Support for Tsunami Survivors leaflet (English & Tamil) Action Aid International India NIMHANS, 2005, P. 1-2.

Tsunami Children's Perspective poster (English & Tamil) NIMHANS-CARE INDIA, 2005.

Towards Recconciliation poster (English & Tamil) NIMHANS-CARE INDIA, 2005.

You Can Help Yourself in the event of Tsunami Disaster poster (English & Tamil) Action Aid International India NIMHANS, 2005.

IEC MATERIALS ON PSYCHOSOCIAL CARE

No	Tool	Languages available
1	Poster - Help yourself	English, Oriya, Gujarati, Tamil, Telugu, Malayalam
2	Concept note on psychosocial care for disasters	English, Hindi, Oriya, Gurarati, Tamil, Telugu, Malayalam
3	Reconciliation poster and pamphlet	English, Gujarati, Tamil
3	Leaflet for individuals and families	English, Hindi, Oriya, Gurarati, Tamil, Telugu, Malayalam
4	Leaflet for Community Level Workers on Psychosocial care during disasters	English, Hindi, Oriya, Gurarati, Tamil, Telugu, Malayalam
5	Pamphlet and poster for provision of psychosocial support for survivors	English, Hindi, Oriya, Gurarati, Tamil, Telugu, Malayalam
6	Pamphlet and poster for provision of psychosocial support for children	English, Hindi, Oriya, Gurarati, Tamil, Telugu, Malayalam
7	Disaster and psychosocial care - Flip Chart for training purposes	English under print
8	Disaster - Children's perspective - poster and pamphlet	English, Gujarati, Tamil



PSYCHOSOCIAL CARE IN DISASTER MANAGEMENT

MY WORK BOOK

Disasters cause a lot of traumatic experience in the life of the survivors, which produces stress and demand a high level of coping and support at the individual, family and community context. To deal with the wide spread needs of the large number of survivors apart from material support emotional support is a must. The role of community level workers in the process of provision of such an intervention is now established. In order to empower the CLWs with simple skills and techniques of psychosocial care for provision of emotional support is very important. This is to create a large pool of human resources to ensure fast recovery and restore normalcy in the community. This workbook has planned sessions for developing the psychosocial care skills among the community level workers, volunteers or staff of the organisations to work with the disaster survivors.

This workbook is unique because:

1. It gives the planned sessions of training for developing the psychosocial care skills.
2. It provides the knowledge and skills for psychosocial work with general community after a disaster.
3. It also provides specific skills to deal with vulnerable (women and children) and special groups (specially disabled and uncared aged).
4. It is developed based on the training programmes for a large number of community level workers both in natural and human made disasters.
5. It deals with other important issues like self care techniques for the disaster rehabilitation workers, simple recording system and the simple tools for research to track the changes over time.
6. It is based on the actual training given to the 500 community level workers and 150 trainers of the trainees for psychosocial care.

It is a collaborative effort of professionals, GOs, NGOs, CBOs, Volunteers and the survivors.